MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02554

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville

LENGTH OF STAY (in this place) 7yrs. 3mos. 15days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 1320 Ramblewood Road

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Peter (Last) Ahlers

4. DATE OF DEATH: (Month) March (Day) 16, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9-23-1860

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Toolmaker

10b. KIND OF BUSINESS OR INDUSTRY: American Can Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Ahlers

14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Acute cardiac failure — Interval Between Onset and Death: 5 minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic heart disease — Years

DUE TO

(c) Generalized arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-29, 1945, to 3-16, 19 53, that I last saw the deceased alive on 3-16, 19 53, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Ethel B. Herrmann-Greene MD Spring Grove State Hospital Catonsville 28 Maryland 3-16-53

23. BURIAL, CREMATION ~~REMOVAL (Specify)~~: Burial

DATE THEREOF 3/18/53

NAME OF CEMETERY OR CREMATORY Mt. Carmel

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 3/17/53

REGISTRAR'S SIGNATURE W. J. Hessing

24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02555

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Balt — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grant Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Balt
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
STREET ADDRESS (If rural, give location): 418 E St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	Britton	Ammons	3	17	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Aug 4 1876	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Steel Roller	Bldr	Ga	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Ammons	Lydia Lyons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Josephine Ammons, 418 E St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Myocarditis — 1 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 3 yrs

(c) Generalized Arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1952, to March 17, 1953, that I last saw the deceased alive on Mar 17, 1953, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James P. Means	M.D.	520 Dst. Sp. Pt.	3/18/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-20-53	National Cemetery	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 19 53	Dawson L. Harber	Ulrich Funeral Home,	Dundalk, Md

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02556

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown; LENGTH OF STAY (in this place) 23; HOSPITAL OR INSTITUTION OR STREET ADDRESS 558 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown; STREET ADDRESS (If rural give location) 558 Main St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Albert (Last) Baker Sr.

4. DATE OF DEATH: (Month) (Day) (Year) March 27, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Aug. 7, 1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life. (Even if retired) Retired Building Contractor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac Baker

14. MOTHER'S MAIDEN NAME: Martha J. Bealle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Morris R. Baker, Reisterstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis. Chronic — Interval Between Onset And Death: 2 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) arteriosclerosis — 5 yrs.

DUE TO (c) Cerebral hemorrhage — 1 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-53 to 3-27-53, that I last saw the deceased alive on 3-26-53, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. ADDRESS Reisterstown Md. DATE SIGNED 3-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF March 30, 1953

NAME OF CEMETERY OR CREMATORY Druid Ridge

LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR 3-30-53

REGISTRAR'S SIGNATURE Mary B. Eline

24. FUNERAL DIRECTOR J. F. Eline & Sons, Reisterstown, Md. ADDRESS

RECEIVED
APR 1 19
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02557 30

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN
STREET ADDRESS (If rural, give location) 125 OSBORNE RD. ✓

3. NAME OF DECEASED: (First) CHARLES (Middle) F. (Last) BALDWIN
4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 2-16-1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: Real estate
11. BIRTHPLACE (State or foreign country): NEW JERSEY
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: JOSEPH R. BALDWIN (DEC.)
14. MOTHER'S MAIDEN NAME: MARY J. BALDWIN Farley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNK
17. INFORMANT & ADDRESS: RECORDS - SPRING GROVE STATE HOSP.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 450.0
Immediate cause (a) CARDIO-RESPIRATORY FAILURE
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) GENERALIZED ARTERIOSCLEROSIS.
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. POSSIBLE PERNICIOUS ANEMIA

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 3/18/53, 19....., and that death occurred at 11.30 P.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
North B. Wilkinson M.D. Spring Grove State Hosp. 3/18/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3/22/53
NAME OF CEMETERY OR CREMATORY Baker Cemetery
LOCATION (City, town, or county) (State) Aberdeen Maryland
DATE REC'D BY LOCAL REG. March 22-53
REGISTRAR'S SIGNATURE Nellie K. Sipp
24. FUNERAL DIRECTOR ADDRESS
Henry Tarring & Sons Aberdeen maryland
Victor Nabey-emc

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02558

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 316 Shady Nook Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charlotte (Middle) Rebekah (Last) Barkman

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 21, 1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Wedi

14. MOTHER'S MAIDEN NAME: Mary Wedi

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Miss M. Ethyl Barkman-316 Shady Nook A

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Embolism — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary Disease — 6 Mo
DUE TO (c) Arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1953 to Mar 15, 1953, that I last saw the deceased alive on Mar 15, 1953, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James L. Lafferty M.D. 721 Medical Arts Bldg 3/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/18/53 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) Baltimore — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3/17/53 — REGISTRAR'S SIGNATURE C. W. Bosley

24. FUNERAL DIRECTOR Edwards Armacost — ADDRESS 4600 Liberty Hghts. Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(2559)

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: VAH, Fort Howard, Md.
   LENGTH OF STAY (in this place): 6 Days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp., Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: A.A.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena
   STREET ADDRESS (If rural give location): Rt#2 Box 193 ✓

3. NAME OF DECEASED: (First) GEORGE (Middle) A. (Last) BAUMES
4. DATE OF DEATH: (Month) March (Day) 25 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-19-79
9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Peter Baumes
14. MOTHER'S MAIDEN NAME: Mariah Kendall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: 216-03-0941
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 493X — (a) PNEUMONIA, LEFT LOWER LOBE — Interval Between Onset And Death: 3-4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) SENILITY — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 19, 1953, to Mar. 25, 1953, that I last saw deceased alive on and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M.D. — (Degree or title) — ADDRESS: VAH, Fort Howard, Maryland — DATE SIGNED: 3/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/28/53 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county) (State): Balto, Md.

DATE REC'D BY LOCAL REGISTRAR: 3/27/53 ✓ — REGISTRAR'S SIGNATURE: L.W. [illegible] — 24. FUNERAL DIRECTOR: Willis E. Lamoreau — ADDRESS: 4510 Liberty Heights Ave Baltimore, Md.

S & F

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Md.; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2012 Old Frederick Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Md.; STREET ADDRESS (If rural, give location) 2012 Old Frederick Road

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Mary (Last) Bezold

4. DATE OF DEATH: (Month) Mar. (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct. 19 1862

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Mother Farm

11. BIRTHPLACE (State or foreign country): Catonsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam Bezold

14. MOTHER'S MAIDEN NAME: Catherine Blum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Alice Bezold 2012 Old Frederick Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) UREMIC POISONING — Interval Between Onset and Death: 4 DAYS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) CHRONIC NEPHRITIC. — ?

(c) SENILITY. — YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 0

(CITY OR TOWN) 0 (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from FEB. 26, 1953, to MARCH 4, 1953, that I last saw the deceased alive on March 3, 1953, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE J. Lloyd Johnson (Degree or title) M.D. ADDRESS 6348 FREDERICK ROAD CATONSVILLE MD. DATE SIGNED 3/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Mar. 6, 1953; NAME OF CEMETERY OR CREMATORY: New Cathedral Cem; LOCATION (City, town, or county): Baltimore; (State): Md.

DATE REC'D BY LOCAL REG. 3/6/53; REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR: Easton Sons. ADDRESS: 608 Frederick ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2561

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY AA.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie
STREET ADDRESS (If rural give location) 212 C Street

3. NAME OF DECEASED: (First) JOSEPH (Middle) R. (Last) BIALEK
4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1-18-98	55 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Interior Decorating		Baltimore, Maryland	U. S. A.

13. FATHER'S NAME: Michael Bialek
14. MOTHER'S MAIDEN NAME: Helen Biedronski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW I	216-07-8474	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) CARCINOMA OF RIGHT LUNG	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that VA attended the deceased from Feb.25, 1953, to March 14, 1953, and that death occurred at 12:17 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
WILLIAM B. VANDEGRIFT, M. D.	VAH, FORT HOWARD, MD.	3-14-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/16/53	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/19/53	Dawson Tucker	Singleton Funeral	200 Crain Highway, S. W. Glen Burnie, Maryland

3/17/53 T. J. Dalton

RECEIVED
MAR 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02562

Reg. Dist. No. 3

1. PLACE OF DEATH: BALTIMORE
County
City or town: Woodlawn
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 years
Hospital, institution, or street address where death occurred: 6746 Windsor Mill Road
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Woodlawn
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 6746 Windsor Mill Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: GEORGIANNA FRAZIER BIRKETT

3.(b) Social Security Number

4. Sex: Female | 5. Color or race: White | 6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: John M. Birkett

6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): November 18, 1869

8. AGE: Years: 83 | Months | Days | If less than one day: ____ hrs. ____ min.

9. Birthplace: Randallstown, Baltimore County, Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

MOTHER
12. Name: William W. Frazier
13. Birthplace: Baltimore County Maryland

FATHER
14. Maiden name: Sarah Edelen
15. Birthplace: Baltimore County, Maryland

16. Informant: Mrs. Walter Riddle
Address: 6746 Windsor Mill Rd, Woodlawn 7, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 3/18/53
(month) (day) (year)

Cemetery or crematory: Druid Ridge Cem.
Location: Pikesville, Md.

18. Funeral director: Wm. J. Vickner & Sons
Address: Balto 17, Md.

19. March 17, 19 53
(Date rec'd by registrar)
C. W. Heath
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 16, 19 53, at 12 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December, 19 52, to March, 19 53
and that I last saw h.e.r. alive on March 17, 19 53

Immediate cause of death: Coronary Occlusion — DURATION: 2 days

Due to: Uremia — 3 months

Due to: Hypertensive cardio-vascular disease — 10 years

Other conditions: 420.1
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Millard T. Traband M.D.
M. D. or other
Address: 3400 Woodbine Ave, Balto 7, Md. Date signed: 3/16/53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45-15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02563

Reg. Dist. No. ... ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
LENGTH OF STAY (in this place): 36yrs,9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2648 W. Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) Gilbert (Middle) J. (Last) Black

4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 12-05-06

9. AGE last birthday: 46 yrs. mos. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): inmate

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Bernard John Black

14. MOTHER'S MAIDEN NAME: Laura Clark

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Institution records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410X

Immediate cause (a) Cardiac failure - mitral insufficiency — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO Pneumonitis- right lower lobe — 3 months

(c) DUE TO Severe normocytic anemia — 2 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ... 19b. MAJOR FINDINGS OF OPERATION ... 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ... PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ... (CITY OR TOWN) ... (COUNTY) ... (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ... INJURY OCCURED While at Work ☐ Not While At Work ☐ ... HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-22, 19 53, to 3-23, 19 53, that I last saw the deceased alive on 3-23-, 19 53, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Viola B. Johnes M.D. (3-24-53) — ADDRESS: Rosewood St. Tr.School — DATE SIGNED: 3-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 3/26/53 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3/26/53 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Wm. Cook, Inc. — ADDRESS: 1217 St. Paul Street

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1564

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 16
STREET ADDRESS (If rural, give location) 3035 Westwood Ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Boerner

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 195;

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb. 23, 1864

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saloon keeper

10b. KIND OF BUSINESS OR INDUSTRY: Saloon

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gottlieb E. Boerner

14. MOTHER'S MAIDEN NAME: Lena Brun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Hypertension Arteriosclerosis	4 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage	24 hrs
	(c) Subdural Hemorrhage	3 wk
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

J. Leon Kieffer M.D. 1010 Lexington Bldg Balto 2, Md. March 2 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3-4-53 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 3-2-53 — REGISTRAR'S SIGNATURE: W. W. Dorsett

24. FUNERAL DIRECTOR — ADDRESS: H. Howard Strong 3707 W. Moreland Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C2565

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 8yrs. 6mos. 21days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Clarence		Booth	March 27, 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	12-26-1921	31 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None		Virginia	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Booth	Jettie O'Dell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Lobular pneumonia, confluent, left lower lobe — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Splenomegaly & Pulmonary edema

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-27, 1953, to 3-27, 1953, that I last saw the deceased alive on 3-27, 1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Arthur M Hanson	M.D.	Spring Grove State Hospital Catonsville 28, Maryland	3-27-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 30, 1953	Bel Air Memorial Park	Bel Air Harford Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/31/53	Victor E. Harry	Howard K. McCorkle & Son	Abingdon Md

BUREAU V. S.
APR 2 1915

266 Jk

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02566

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
   LENGTH OF STAY (in this place): 9 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural give location): 2733 Greenmount Avenue

3. NAME OF DECEASED: (First) AUGUST (Middle) (NMI) (Last) BOVA

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-6-96

9. AGE Last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Huckster

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank Bova

14. MOTHER'S MAIDEN NAME: Mary (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 Immediate cause	(a) ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE WITH	2 YEARS
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO SEVERE HEART FAILURE	
	(b) HYPERTHYROIDISM DUE TO	UNKNOWN
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19 53 to March 24, 1953, that I last saw deceased alive on and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE: WINSTON C. DUDLEY M.D. (Degree or title)
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 3/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 27 1953 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3/26/53 — REGISTRAR'S SIGNATURE: W. W. Hedrick

24. FUNERAL DIRECTOR: Wendell J. Dippel — ADDRESS: 312 S. Highland Ave., Baltimore, Maryland

Duke

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02567

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1401 Eastern Ave. Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 21
STREET ADDRESS (If rural give location) 1401 Eastern Ave Rd.

3. NAME OF DECEASED (Type or Print): (First) Clay. (Middle) Towrend (Last) Bradley

4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 1-1889

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Broker

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sheldon Bradley

14. MOTHER'S MAIDEN NAME: Eva Towrend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Florence Bradley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Postician Myocardial Infarction — 7 Weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Generalized arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1951, to March 7, 1953 that I last saw the deceased alive on March 7, 1953 and that death occurred at 6.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Harry B. Smith M.D. 405 Eastern Ave, Balt 21 3-7-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF 3-9-53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Ulster Penna.

DATE REC'D BY LOCAL REG. MAR 9 1953 — REGISTRAR'S SIGNATURE Huntington Williams, M.D. — 24. FUNERAL DIRECTOR — ADDRESS: J. J. Brzezinski, 1407 Eastern Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12568

CERTIFICATE OF DEATH

Reg. Dist. No. 3.)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place): 4yrs. 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Seton Institute ✓

3. NAME OF DECEASED: (Type or Print) (First) REGINA (Middle) BREHM (Last)

4. DATE OF DEATH: (Month) 3 (Day) 29 (Year) 53

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-15-1881

9. AGE Last birthday: 71 yrs. IF UNDER 1 YEAR: Months 10 Days 3 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JACOB BREHM

14. MOTHER'S MAIDEN NAME: Catherine Lafferty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Howard Brehm 2102 Elsmore Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) arteriosclerotic cardiovascular dis

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15-, 1948, to 3-29-, 1953, that I last saw the deceased alive on 3-29-, 1953, and that death occurred at 12 noon, from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Harold Everett Edmunds MD ADDRESS Spring Grove Hosp. DATE SIGNED 3-29-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3/31/53

NAME OF CEMETERY OR CREMATORY: New Cathedral

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/30/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR H. W. Mears & Sons ADDRESS 705 N. Calvert St.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02569

CERTIFICATE OF DEATH

Reg. Dist. No. 6P

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1220 Bolton Street

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) N. (Last) BRISCOE

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-7-87

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Contact Representative

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Prince Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John P. Briscoe

14. MOTHER'S MAIDEN NAME: Kate M. Bowen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

527.1

Immediate cause (a) Pulmonary Emphysema Cor Pulonale — Interval Between Onset And Death: unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 26, 19 53 to March 28 .., 19 53, [illegible] the deceased, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

WILLIAM H. DRIFT, M.D. (Degree or title) ADDRESS VAH, Fort Howard, Maryland DATE SIGNED 3-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3-31-53 NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery LOCATION (City, town, or county) (State) Prince Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 3/30/53 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Howard Blight Funeral Home ADDRESS 6009 Harford Road, Baltimore, Maryland

Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02570

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 14 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pinecrest
STREET ADDRESS (If rural, give location) not Known ✓

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) John (Last) BRYGGER
4. DATE OF DEATH: (Month) Mar (Day) 14 (Year) 19 53
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: May 17, 1875
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Photography
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Niles BRYGGER
14. MOTHER'S MAIDEN NAME: Not Known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Not Known.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
443X
Immediate cause (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Terminal
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Hypertensive, Arteriosclerotic Cardio-Vascular Disease — Indeterminate
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis. Unknown.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/22, 1953, to March 14, 1953, that I last saw the deceased alive on Mar 14, 1953, and that death occurred at 7:05 am m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frederick E Phillips MD Spring Grove Hospital 3/14/53

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF 3/17/53 — NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory — LOCATION (City, town, or county) (State) Suitland Pr. Geo. Md
DATE REC'D BY LOCAL REG. 3/14/53 — REGISTRAR'S SIGNATURE V E Harry
24. FUNERAL DIRECTOR ADDRESS Simmons Bros. 2007 Nicholson St Washington DC.

V. A. No. 7 8-51

MAR 13 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0571

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 10 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1914 N Duncan St.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) J. (Last) Campbell

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 3-8-1861

9. AGE last birthday: 92 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Del.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Not Known Cook

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Not Known

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

9027

Immediate cause (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Terminal

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Hypertensive Arteriosclerotic C.V. Dis — Indeterminate

DUE TO (c) Inter-trochanteric Fracture of Rt Hip — 4 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Senile Psychosis — Indefinite

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Spring Grove — (CITY OR TOWN) Catonsville — (COUNTY) Baltimore — (STATE) Maryland

TIME OF INJURY (Month) 11 (Day) 24 (Year) 52 (Hour) 9:10 P.M.

INJURY OCCURRED While at work ☐ Not While at work ☑

HOW DID INJURY OCCUR? Fell in Bathroom.

22. I hereby certify that I attended the deceased from 5/7/51, 19..., to 3/14, 19..., that I last saw the deceased alive on 3/14, 19..., and that death occurred at 3:30 a.m. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Frederick L. Phelps M.D. — ADDRESS Spring Grove Hosp. — DATE SIGNED 3/14/53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF 3/17/53 — NAME OF CEMETERY OR CREMATORY Holy Redeemer — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 3/16/53 — REGISTRAR'S SIGNATURE A W Hastings

24. FUNERAL DIRECTOR Wm Cook Inc. — ADDRESS 1217 St. Paul St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18. 572 30

CERTIFICATE OF DEATH

Reg. Dist. No. ____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Catonsville MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 4 months.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham, Md.
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) LESTER SCOTT CHALFONTE.

4. DATE OF DEATH: (Month) (Day) (Year) 3 - 20 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 2-1-1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Tool & Die.

11. BIRTHPLACE (State or foreign country): U.S.A.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Chalfonte

14. MOTHER'S MAIDEN NAME: Anne Watson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Reginald Chalfonte; Lanham, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

4437

Immediate cause (a) Arteriosclerotic Cardiovascular

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Uremia; with chronic nephrosclerosis

DUE TO

(c) with renal failure.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20 1952 to 3-21 1953, that I last saw the deceased alive on 3-21 1953, and that death occurred at 6.50 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Spring Grove Hospital, Catonsville, Md. By J R Gorn M.D. 3-23-53

23. BURIAL, CREMATION REMOVAL (Specify): transportation

DATE THEREOF 3/23/53

NAME OF CEMETERY OR CREMATORY Chadron

LOCATION (City, town, or county) (State) Nebraska

DATE REC'D BY LOCAL REG. Mar 24-1953

REGISTRAR'S SIGNATURE Victor E. Harry

24. FUNERAL DIRECTOR F Brocks sons Hyattsville Md. ADDRESS

RECEIVED
BUREAU V. S
BUREAU V. S

Item 1 FilmG151 3/12/53 mhwh

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12573

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Loreley
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS V

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Loreley Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Herman (Middle) T. (Last) Chisholm

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1953

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower | 8. DATE OF BIRTH: July 17-1869 | 9. AGE last birthday: 83 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret'd Brakeman | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT & ADDRESS: Mrs. Maria Chrisholm White Marsh Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cerebral Hemorrhage	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Cardiac Insufficiency	10 yrs
	(c) DUE TO	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1930, to Feb 27, 1953 that I last saw the deceased alive on Feb 27, 1953 and that death occurred at 2:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Hilbert Hammett ADDRESS Baldwin Md DATE SIGNED 3-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Mch 4-53 | NAME OF CEMETERY OR CREMATORY Mountain Christian Cem | LOCATION (City, town, or county) (State) Mountain Hafod Md

DATE REC'D BY LOCAL REGISTRAR Mch 2-53 | REGISTRAR'S SIGNATURE C. E. Arthur S. Forde | 24. FUNERAL DIRECTOR C. E. Arthur ADDRESS Fork Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MAR
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 012573

CERTIFICATE OF DEATH

Reg. Dist. No. ..

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 613 Baker Street

3. NAME OF DECEASED: (Type or Print) (First) OTHO (Middle) LEE (Last) CHURCH

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-29-90

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Doorman

10b. KIND OF BUSINESS OR INDUSTRY: TAVERN

11. BIRTHPLACE (State or foreign country): Cape Charles, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Louis Church

14. MOTHER'S MAIDEN NAME: Florence Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF THE LUNG WITH METASTASIS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19 53 to March 31, 1953, and that death occurred at 10:05 P.M., from the causes and on the date stated above.

SIGNATURE T. G. Dickey (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 4-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4-6-1953 | NAME OF CEMETERY OR CREMATORY Baltimore National | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 4/7/53 | REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Holland Funeral Home ADDRESS 1631 Druid Hill Ave. Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: N. Mill. BALTIMORE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3014 Woodside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore (Fa. Knll.
STREET ADDRESS (If rural, give location): 3014 Woodside Ave

3. NAME OF DECEASED (Type or Print): (First) VERNA (Middle) MARIE (Last) CLARK

4. DATE OF DEATH: (Month) Mar (Day) 24 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 19-1932

9. AGE last birthday: 21 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Men's Clothing

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sylvester W Pritchard

14. MOTHER'S MAIDEN NAME: Alice M. Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-28-9529

17. INFORMANT AND ADDRESS: Mr. George H. Clark Jr. Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1751

Immediate cause (a) Respiratory failure due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Brain metastasis due to
(c) Choriopithelioma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/25/52

19b. MAJOR FINDINGS OF OPERATION: Choriopithelioma of uterus.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1952, to 3/22, 1953, that I last saw the deceased alive on 3/22, 1953, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE: James N. McCook M.D. (Degree or title) — ADDRESS: 1014 ST. PAUL ST. — DATE SIGNED: 3/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-27-53 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem — LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG.: 3/24/53 — REGISTRAR'S SIGNATURE: Fred C. Turnbull

24. FUNERAL DIRECTOR: Leonard J Ruck — ADDRESS: 5305 Harford

Duer

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12576

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Catonsville

LENGTH OF STAY (in this place): 8 mo 18 da

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 3502 Caton Ca.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Alberta (Last) Cook

4. DATE OF DEATH: (Month) Mar (Day) 21 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-25-1875

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Samuel

14. MOTHER'S MAIDEN NAME: Charlotte ——

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Resid. Spring Grove State Hosp. Catonsville 28 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 9 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral arteriosclerosis — yrs.

DUE TO

(c) Generalized arteriosclerosis — yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic heart disease — yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 1953, to 3-21, 1953, that I last saw the deceased alive on 3-21, 1953, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Ethel B. Herrmann-Greve M.D. Spring Grove State Hosp. Catonsville 28, Md. 3-21-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar. 24/53 — NAME OF CEMETERY OR CREMATORY: Meadow Ridge — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 3/21/53 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR ADDRESS: George L. Schwatka 1101 Fiedrick Ave Balto., Md.

RECEIVED
MAR 23 1953
BUREAU VET.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) Mt. Wilson Lane

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Crudden
4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	6-1-1883	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Carrick
14. MOTHER'S MAIDEN NAME: Nettie King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: W. Elmer Crudden - Pikesville 8, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: about 20 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculous Pneumonia — few days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Burial Jun, 19..., to Mch 19, 1953, that I last saw the deceased alive on Mch 16, 1953, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr E E Nichols — ADDRESS: Pikesville 8 Md — DATE SIGNED: 3-20-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/21/53	Forrainil	Woodstock Mill Rd. Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/20/53	Dr E E Nichols	Frank H. Zeller	Pikesville Md

RECEIVED
MAR 21

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]2578

CERTIFICATE OF DEATH

Reg. Dist. No. 45

Guy Hall

1. PLACE OF DEATH:
COUNTY BALTO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guy Hall 19 Harrison Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville, Md.
STREET ADDRESS (If rural give location) Powers Ave.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) CATHERINE (Last) CULLISON

4. DATE OF DEATH: (Month) MARCH (Day) 18 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Sept 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore Co. Md

12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: WILLIAM ROBERT BROWN

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Cockeysville- Md Mr. Taylor Howard - Powers Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.0
Immediate cause (a) Pulmonary edema, acute — 1 wks.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Myocardial fibrosis — several yrs.
DUE TO
(c) Arteriosclerotic heart dis. — several yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. ..., 19 53, to March 18, 19 53, that I last saw the deceased alive on MARCH 18 19 53, and that death occurred at 1:10 PM., from the causes and on the date stated above.

SIGNATURE A. Guy Hall, (Degree or title) MD ADDRESS 434 Eastern Ave Essex MD. DATE SIGNED 3/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3-21-53 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 3/19/53 REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR L.J. Ruck ADDRESS 5305 Harford Rd

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(3579)

Reg. Dist. No. .....

VS. A-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Baltimore — LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3206 Texas Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Baltimore
STREET ADDRESS (If rural, give location): 3206 Texas Avenue

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) IRVIN (Last) CUNNINGHAM

4. DATE OF DEATH (Month) (Day) (Year): Mar. 31, 1953 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 15, 1891

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fitter

10b. KIND OF BUSINESS OR INDUSTRY: Insurance Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Howard Cunningham

14. MOTHER'S MAIDEN NAME: Mary Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-10-3769

17. INFORMANT AND ADDRESS: Mrs. Edna Cunningham 3206 Texas Ave. 14

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

492X

Immediate cause (a): Pulmonary Infarction — Interval Between Onset and Death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Atypical Pneumonia — 3 weeks

(c): Multiple Sclerosis & Paraplegia — 25 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2 1953, to March 31 19 53 that I last saw the deceased alive on 3-31, 1953, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

SIGNATURE: Charles B. Fitzgerald (Degree or title) M.D. ADDRESS: 1613 E.North Ave., Balto.13, Md. DATE SIGNED: 4-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/4/53 — NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: April 4 1953 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR ADDRESS: HENRY SANDER & SONS, INC. BALTO., 13, MD. Henry J. Sander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02580

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 6642 Holabird Avenue

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) P. (Last) DAVIS, SR.

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-18-86

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Restaurant Business

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Fairfax Co., Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Augustus Davis

14. MOTHER'S MAIDEN NAME: Ida Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) PORTAL CIRRHOSIS WITH ANASARCA — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 23, 1953, to March 25, 1953, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE: I. Freeman (Degree or title) ADDRESS DATE SIGNED

IRVING FREEMAN, M. D., Acting Chief, Medical Service, VAH, Fort Howard, Md. 3-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-27-53 — NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3/26/53 — REGISTRAR'S SIGNATURE: [signature] Duke

24. FUNERAL DIRECTOR: Ullrich Funeral Home — ADDRESS: 2112 Dundalk Ave. Baltimore, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(581)

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (In this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 40 Chatsworth Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) 40 Chatsworth Avenue

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Thomas (Last) DeMoss

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 2 1877

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nimrod DeMoss

14. MOTHER'S MAIDEN NAME: Rachel Stansbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Edith DeMoss Reisterstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.2 Immediate cause (a) Angina Pectoris — 3 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis - general — 4 years

(c) hypertension — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1- 37, 19.., to 3-23-53, 19.., that I last saw the deceased alive on 3-20-53, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James H. Saffell M.D Reisterstown Md 3/25/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mar 26 1953 — NAME OF CEMETERY OR CREMATORY: Reisterstown Meth Cem — LOCATION (City, town, or county) (State): Reisterstown Md

DATE REC'D BY LOCAL REG. 3-25-53 — REGISTRAR'S SIGNATURE Mary B. Sluss

24. FUNERAL DIRECTOR ADDRESS: Wm Berryman & Sons Reisterstown Md

VS-145 T

MAR
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (582)

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A(5)-1

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cockeysville. | LENGTH OF STAY (in this place) 15 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ashland Road.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural give location) Ashland Road

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Clement (Last) Denmyer

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1953

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: May 4, 1923 | 9. AGE last birthday: 29 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Balto Co. Metrop. Sew. | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harrison Gilmore Denmyer | 14. MOTHER'S MAIDEN NAME: Emma Louise Heilman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: none | 17. INFORMANT & ADDRESS: Mother. Mrs. H. G. Denmyer.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause — (a) Cachexia — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) metastatic carcinoma — DUE TO

(c) carcinoma rectum

Interval Between Onset And Death: (a) ... (b) at least 1 mo. (c) 6 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 11, 1953 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma rectum with metastases to liver | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ,1952 to March , 1953, that I last saw the deceased alive on March 16, 1953, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elizabeth B. Sherrill, M.D. | ADDRESS Cockeysville, Md. | DATE SIGNED 3/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Mar. 19, 1953 | NAME OF CEMETERY OR CREMATORY Woodland Memorial Park | LOCATION (City, town, or county) (State) Parkville, Md.

DATE RECD BY LOCAL REGISTRAR 19 March 1953 | REGISTRAR'S SIGNATURE Anna Armistead MacRae | 24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md. | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

(1958)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; CITY OR TOWN; STATE MARYLAND; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 11. Delight Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY OR TOWN Fullerton; STREET ADDRESS (If rural give location) 11. Delight Ave

3. NAME OF DECEASED (Type or Print): (First) Bruce (Middle) S (Last) Eck

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March 7-1949

9. AGE last birthday: 4 yrs.; If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto City Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Clarence Eck

14. MOTHER'S MAIDEN NAME: Virginia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs C. A Eck 11 Delight Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial failure - Sepsis	1 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchiectasis	2 yrs
	(c) Congenital fibrocystic Disease of Pancreas	Birth

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 51., to 3-9, 19 53, that I last saw the deceased alive on 3-8, 19 53 and that death occurred at 3:15 A.M. 3-9-53 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas F Daniels; ADDRESS: 6 E Eager St - Balto. 2 Md.; DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Entombment; DATE THEREOF: 3/11/53; NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery; LOCATION (City, town, or county): Balto; (State): Md

DATE REC'D BY LOCAL REG.: Mar. 10-1953; REGISTRAR'S SIGNATURE: Mrs. Mary D. Reffsnider

24. FUNERAL DIRECTOR: Lassahn Funeral Home; ADDRESS: 7401. Belair Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1.2081

CERTIFICATE OF DEATH

Reg. Dist. No. 47

1. PLACE OF DEATH: COUNTY Baltimore County — Craddock Nursing Home — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) ED (Last) AIDS

4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 53 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	C			73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1 1.7 Immediate cause (a) Cardio Valvular Disease — July 29 1952 - May 3 1953

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1952, to Mar. 3, 1953, that I last saw the deceased alive on Mar 2, 1953, and that death occurred at 845 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Fred Hoadridge Sr M.D. ADDRESS Rt Box 212 Elkridge 27 Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Embalmed	Mar. 3 1953	Mary Land Nat Sch	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/9/53	Dr. Hugo S.M. Kiffer	The Anatomy Board Md - per: Mary Hampton, Secy.	Bltzo. Md.

emc

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MAR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02585

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY ~~Balto.~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural give location) 3501 St. Paul St.

3. NAME OF DECEASED (Type or Print): (First) Kate (Middle) Matilda (Last) Elliott

4. DATE OF DEATH: (Month) Mar (Day) 9th (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 24 Sept 1870

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): never worked

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas W. Morse

14. MOTHER'S MAIDEN NAME: Catherine Heddinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service) World No I

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mrs. Edith M. Leilich - Marylander Apts.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1431X

Immediate cause (a) Hypertensive cardiovascular disease — Interval between onset and death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Feb., 1953, to 9 Mar., 1953, that I last saw the deceased alive on 9 Mar., 1953, and that death occurred at 11:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul H Royer M D Pikesville 8 Md 9 Mar 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3/12/53

NAME OF CEMETERY OR CREMATORY: Green Mount Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 3/11/53

REGISTRAR'S SIGNATURE: A. M. Heddich

24. FUNERAL DIRECTOR: Wm. J. Pickner & Sons ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]86

CERTIFICATE OF DEATH

Reg. Dist. No. . . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 23 hrs 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 251 S. Ellwood Avenue

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) (NMI) (Last) ENGLISH

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-15-77

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired policeman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward English

14. MOTHER'S MAIDEN NAME: Josephine Teety (same as Johanne Keating)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): SAW

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 3X

Immediate cause (a) CARCINOMA OF COLON

DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death: 2 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-6-51, 4-10-51

19b. MAJOR FINDINGS OF OPERATION: Transverse colostomy
Resection of splenic portion of the colon
5-22-51 Closure of colostomy

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: 2:00 PM March 9, 1953

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1953, to March 10, 1953, and that death occurred at 1:25 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MD.

DATE SIGNED: 3-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/13/53

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3/13/53

REGISTRAR'S SIGNATURE: O. W. Hedrick

24. FUNERAL DIRECTOR: Wm. Tickner & Sons Funeral Home

ADDRESS: North & Pa. Aves., Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02587

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sheppard and Enoch Pratt Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 1900 F Street, N. W.,

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Lurinda	Piper	Fairfield	3	5	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widow	Jan. 8, 1863	90 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Woodstock, Ontario, Canada	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Richard Piper	Elizabeth Cora Baker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No			HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4221 Immediate cause	(a) Bronchopneumonia	Term.
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chr. myocarditis	10yr+
	DUE TO (c) Gen. arteriosclerosis	" "
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile dementia	10yr+

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

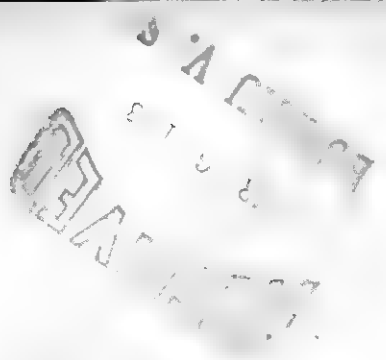
22. I hereby certify that I attended the deceased from June 17, 1942, to Mar 4, 1953, that I last saw the deceased alive on Mar 4, 1953, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

SIGNATURE: M M Elgin, M.D. (Degree or title) — ADDRESS: THE SHEPPARD & ENOCH PRATT HOSPITAL, Towson, Md. — DATE SIGNED: 3/5/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	May 5, 1953	Martin W. Hyson Co.	1300 N St N W D C

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR ADDRESS
Mar. 5, 1953	Mabel C. Gray	Martin W Hyson Co 1300 N. St. N.W., D.C.

VS-A45



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11 588

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 40 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1905 Callington Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Falatico (Last)

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 21 1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
44 Immediate cause	(a) Pneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardiac Failure	1 wk.
	DUE TO (c) Hypertensive Cardio-Vascular Disease	Uncertain

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia — 40 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1950, to Mar 13, 1953, that I last saw the deceased alive on Mar 13, 1953, and that death occurred at 7.50 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frederick E. Phillips M.D. Spring Grove Hospital 3/13/53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF 3/17/53 — NAME OF CEMETERY OR CREMATORY Holy Redeemer — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 3-16 — REGISTRAR'S SIGNATURE Carl Hedrick 1ST

24. FUNERAL DIRECTOR Wm Cook Inc. — ADDRESS 217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2589)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Balto. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

LENGTH OF STAY (in this place) 3

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

STREET ADDRESS (If rural, give location) Wayne Nurs. Home - Shattuck Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Richard	Reese	Fantom	3	5	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Married	Jan. 19, 1895	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Fireman	Penn. R.R.	Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Henry	Emeline McGee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW I	—	Thomas Fantom - Box 190 - Ogwood Rd - 7

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
Immediate cause	(a) Acute & Chronic Congestive Heart	
DUE TO	Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hemiplegic left	
DUE TO	Arterio Sclerosis Generalized	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 53, to 5 Mar, 19 53, that I last saw the deceased alive on 18 Feb, 19 53, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS 1702 Edmondson Ave Catonsville 28 Md DATE SIGNED 6 Mar 53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-9-53	Bolgs National Cem.	Balto.	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/6/53	V E Harry	George A Farley - Catonsville, Md.	

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randalh 22; MARYLAND; LENGTH OF STAY (In this place) 1 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 225 Old North Pt. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Blair; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Altoona; STREET ADDRESS (If rural, give location) 105 E. 6th ave.

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) Jane (Last) Fletcher

4. DATE OF DEATH: (Month) Mar (Day) 14 (Year) 53

5. SEX: Fem.

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: June 14/1881

9. AGE Last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Canada (QUANITA)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Lemieux

14. MOTHER'S MAIDEN NAME: Katherine Louise Kimberlain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: U.S Grant Fletcher (husband)

18. MEDICAL CERTIFICATION

18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422. Immediate cause	(a) Coronary occlusion	Months 24
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carbid Arcula heart disease	?
	(c)	

18. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Mar - 14 - 53 2 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

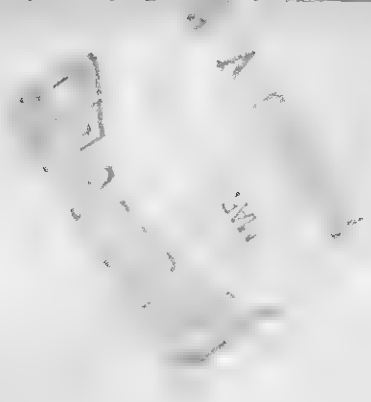
SIGNATURE (Degree or title): J. McCarmine M.D. ADDRESS: Deputy Medical Examiner Baltimore Co. Dundalk 22 Md DATE SIGNED: 3/14

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 3/17/53; NAME OF CEMETERY OR CREMATORY: Logan Valley Cem. Co.; LOCATION (City, town, or county): Braddock; (State): Pa.

DATE REC'D BY LOCAL REG. 3/14/53; REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR: John A Tomasky; ADDRESS: 4[illegible]

1 - To 21, [illegible]



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: BALTIMORE; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Wilson, Md.
LENGTH OF STAY (in this place): 1yr-6mos-17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MT. WILSON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne, Maryland
STREET ADDRESS (If rural, give location): 100 Fifth Avenue

3. NAME OF DECEASED (Type or Print): (First) HARRIET (Middle) EARL (Last) FLOYD
4. DATE OF DEATH: (Month) 3 (Day) 9 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	3/15/1895	57 yrs.	11	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James ?
14. MOTHER'S MAIDEN NAME: Anna Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: 100 Fifth Ave., Harriet E. Floyd, Lansdowne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Far advanced pulmonary Tuberculosis	Approx. 1½ yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 20, 19 51, to March 9, 19 53, that I last saw the deceased alive on March 9, 19 53, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William Newcomer, Supt., M.D., Mt. Wilson, Md. 3/9/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/13/53	Oak Lawn Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/9/53	Helen M. Ritter	Wm. Cook Funeral Home, 1217 St. Paul Balto., Md.

VS. A15

MAR 1
V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12592

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:

COUNTY: BALTO. — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: HILLTOP ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MD. COUNTY: BALTO.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE

STREET ADDRESS (If rural, give location): HILLTOP ROAD

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) FRANCES (Last) FLUSKEY

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: NOV. 28, 1894

9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NURSE

10b. KIND OF BUSINESS OR INDUSTRY: HOSPITAL

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN B.

14. MOTHER'S MAIDEN NAME: MARY C. WITTE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Edw. T. McNeely - Hilltop Road.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 332X

Immediate cause — (a) Myocardial failure — DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) — DUE TO

(c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: (a) 14 days (c) Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis post cerebral artery — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Nov. 19 49, to 19 March 19 53, that I last saw the deceased alive on 7 March, 1953, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Stephen Lee Magness M.D. Catonsville 28 Md 3-20-53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF 3-21-53

NAME OF CEMETERY OR CREMATORY: Cathedral Cem.

LOCATION (City, town, or county): Balto. (State): Md.

DATE REC'D BY LOCAL REG. 3/21/53

REGISTRAR'S SIGNATURE: W E Harry

24. FUNERAL DIRECTOR ADDRESS: George A. Farley - Catonsville, Md.

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02593

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton, Maryland
STREET ADDRESS (If Rural, give location) Route 1 Box 558

3. NAME OF DECEASED: (Type or Print) (First) MAURICE (Middle) FOSTER (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 3-2-53 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 11-12-1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): N. Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES W

14. MOTHER'S MAIDEN NAME: LAURA Phiffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. MARY FOSTER - wife Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) massive cerebrovascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) coronary artery disease - possible

DUE TO

(c) coronary occlusion

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26-53, 19 53, to 3-2-53, 19 53, that I last saw the deceased alive on 3-2-53, 19, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

SIGNATURE Harold E. Edwards (DEGREE OR TITLE) ADDRESS MD - Spring Grove State Hosp. DATE SIGNED 3-2-53

23. BURIAL, CREMATION REMOVAL (Specify): Remove — DATE THEREOF 3-7-53 — NAME OF CEMETERY OR CREMATORY Fifth Creek Cem. — LOCATION (City, town, or county) Catonsville, Md. (State)

DATE REC'D BY LOCAL REG. 3-2-53 — REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR — ADDRESS W.W. Chambers, 517-11th St. SE. Wash. D.C.

MAR 5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson / LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14½ Linden Terrace	STREET ADDRESS (If rural, give location) 14½ Linden Terrace

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
KATHERINE	PEARCE	FRANCIS	March 1, 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	March 27, 1886	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	At Home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Pearce	Annie E. Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No None	None	Richard A. Francis, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Renal disease & Cerebral Embolism — Interval between onset and death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

4427

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 30, 1950, to Mar 1, 1953, that I last saw the deceased alive on Mar 1, 1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. Thomas J. Medical Ill, Towson

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 3, 1953	Asbury Methodist Cemetery	Reisterstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Mar. 2, 1953	Mabel C. Gray	John Burns' Sons, Towson, Maryland

ITEM 3:Dr.Hudson's statement by phone 3-24-53 L

6595

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 40

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm — LENGTH OF STAY (In this place) 11yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glen Arm Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm
STREET ADDRESS (If rural give location) Glen Arm Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) FTOX (Last) FOX (or FOX)
4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH
9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-14-6534
17. INFORMANT: Police

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1

Immediate cause (a) Heart disease, acute congestive failure — Interval Between Onset and Death: Sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cataracts, both eyes (Senile) — 1yr +

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Rollin E. Hudson M.D. DME. ADDRESS Towson Md DATE SIGNED 3/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL MAR 17 1953 — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

3-24-53 Walter Hammett - cmc

COPY SENT TO [illegible] DATE_____

RECEIVED
MAR 24 1953
BUREAU V. [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1596

Reg. Dist. No. 43

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton R.F.D.
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hamilton Place, Box 560 A

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton R.F.D.
STREET ADDRESS (If rural, give location): Hamilton Place, Box 560 A

3. NAME OF DECEASED (Type or Print): (First) SUSAN (Middle) EVELYN (Last) GERWIG

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan 11-1953

9. AGE last birthday: yrs. | If under 1 year: Months 2 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto city Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry R Lobo Gerwig

14. MOTHER'S MAIDEN NAME: Margaret E Luby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Henry R Gerwig Fullerton Balto Co

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Interstitial pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

[signature] | 700 Fleet Street, Baltimore, Md. | 3/16/53

23. BURIAL CREMATION REMOVAL (Specify): Burial | DATE THEREOF 3-20-1953 | NAME OF CEMETERY OR CREMATORY: Moreland Memorial | LOCATION (City, town, or county) Balto Co (State)

DATE REC'D BY LOCAL REG. 3/17/53 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR [signature] | ADDRESS 1407 Eastern Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15A

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]597

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cockeysville
LENGTH OF STAY (in this place) 14 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1635 Hilkens Ave

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Mary (Last) Kittochall

4. DATE OF DEATH: (Month) Mar. (Day) 13 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: May 15 - 1879

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months 10 | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benj. Franklin Shipley

14. MOTHER'S MAIDEN NAME: Amelia Knell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Cardiac Decompensation — Interval Between Onset and Death: 4 wks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arterio - sclerotic heart — over 1 yr

DUE TO

(c) disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28, 1952, to Mar. 13 1953, that I last saw the deceased alive on Mar. 12, 1953, and that death occurred at 12:5 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Walter F. Klee M.D. Cockeysville 13 March 53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL (Specify)~~: DATE THEREOF Mar. 16 - 53 — NAME OF CEMETERY OR CREMATORY London Pk. — LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 3/16/53 — REGISTRAR'S SIGNATURE Laura M. Schroeder

24. FUNERAL DIRECTOR Wm. Cook, St. Paul + Preston St — ADDRESS

COPY SENT TO ECON

RECEIVED
MAR 16
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02598 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 51 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 5 Mallow Hill Road

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) E. (Last) GLANTZ

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-2-97

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Photo. engineer

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George H. Glantz

14. MOTHER'S MAIDEN NAME: Emma Winsinger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) PULMONARY INFARCT, RIGHT LUNG	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) LEFT VENTRICULAR HYPERTROPHY	UNKNOWN
	DUE TO (c) GENERALIZED ARTERIOSCLEROSIS	UNKNOWN
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan. 27, 1953, to March 19, 1953, and that death occurred at 12:40 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) RAUL R. RIVERA, M. D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 3-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/23/53

NAME OF CEMETERY OR CREMATORY Lorraine Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 3/19/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Wm. J. Tickner & Sons Funeral Home North & Pennsylvania Aves., Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (In this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bond Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Bond Ave.

3. NAME OF DECEASED (Type or Print): (First) Fetty (Middle) Carter (Last) Goodwin

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Dec. 2, 1863

9. AGE last birthday: 89 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Hackley Carmichael Goodwin

14. MOTHER'S MAIDEN NAME: Mary P. VanBibber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mary V. Goodwin, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Bronchial Pneumonia — Interval Between Onset and Death: 48 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Sigmoid Colon — 6 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma left breast

19a. DATE OF OPERATION: 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma left breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1948, to March 1, 1953, that I last saw the deceased alive on February 28, 1953, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 3/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Mar. 4, 1953 | NAME OF CEMETERY OR CREMATORY: All-Saints Cemetery | LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG.: 4-3-53 | REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR: J.F. Eline & Sons, Reisterstown, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C-600

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 7

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rossville; LENGTH OF STAY (in this place) 20 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rossville; STREET ADDRESS (If rural, give location) old Philadelphia Road. Rossville Balto Co. Md.

3. NAME OF DECEASED (Type or Print): (First) STANLEY (Middle) WORTHINGTON (Last) GORRELL

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/24/1887

9. AGE last birthday: 66 yrs. If under 1 year: Months 1; If under 24 hrs.: Days 12; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Fireman

11. BIRTHPLACE (State or foreign country): Darlington Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. H. Gorrell

14. MOTHER'S MAIDEN NAME: Ella Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 218-03-8512

17. INFORMANT AND ADDRESS: Mrs. Ella L Gorrell, Rossville, Balto Co, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Rectum — 3 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1950

19b. MAJOR FINDINGS OF OPERATION: Colostomy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to March 8, 1953, that I last saw the deceased alive on March 8, 1953, and that death occurred at 9.30 A m., from the causes and on the date stated above.

SIGNATURE: J M Baumgardner (Degree or title) MD — ADDRESS: Balto 6 Md — DATE SIGNED: 3/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/11/53 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county) (State): Havre de Grace, Harford Maryland

DATE REC'D BY LOCAL REG.: March 9, 1953 — REGISTRAR'S SIGNATURE: Edith Hurley — 24. FUNERAL DIRECTOR: Pennington & Son, Havre de Grace, Md. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02601 33

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills; STATE MARYLAND; LENGTH OF STAY (in this place) 1mo. 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Geo.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton, Md. Box 22L; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Nelson (Last) Goveart

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 4-17-51

9. AGE Last birthday: 1 yr yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Charles August Goveart

14. MOTHER'S MAIDEN NAME: Beverly Tucker

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Institution records at Rosewood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 431X — (a) ~~DUE TO~~ Bilateral Broncho-pneumonia with — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Cardiac Failure with — since 3 mo. of age.

(c) Diffuse Degenerative Brain Disease with Epilepsy

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4 ,19 53 , to 3-9 , 19 53 , that I last saw the deceased alive on 3-9 , 19 53 , and that death occurred at 9:30 A.M. from the causes and on the date stated above.

SIGNATURE Viola B. Johns (Degree or title) — ADDRESS — DATE SIGNED

Viola B. Johns, M.D. — Rosewood Training School — Owings Mills, Md. 3/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-10-53 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cem. — LOCATION (City, town, or county) Suitland Md.

DATE REC'D BY LOCAL REGISTRAR 3-9-53 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR J. Wm. Lee's Sons — ADDRESS 300 Y St. N.W.

3-12-53 Mary Eline - cmd

VS. A15

MAR 12
U. S.

Items 3, 15: film G152 3-27-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]602

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 923 Southerly Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson; STREET ADDRESS (If rural give location) 923 Southerly Rd.

3. NAME OF DECEASED: (First) WILLIAM (Middle) ELLICOTT (Last) GRAINGER (Type or Print)

4. DATE OF DEATH: (Month) Mar. (Day) 1, (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 16, 1894

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Ass't. Gen. Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Steel Mfg.

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Cashman Grainger

14. MOTHER'S MAIDEN NAME: Emily E. Ellicott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) WWI 1917-19 WWII 1942-44

16. SOCIAL SECURITY NO.: 213-07-7900

17. INFORMANT & ADDRESS: Mrs. Helen L. Grainger - 923 Southerly Rd. #4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

592X

Immediate cause (a) DUE TO: Hypertensive Cardio Vascular Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO: Arteriosclerosis

(c) Nephritis Chronic

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1951, to March 1, 1953, that I last saw the deceased alive on March 1, 1953, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Laurence C. Fosh M.D. ADDRESS 6705 York Rd DATE SIGNED 3/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 3/4/53; NAME OF CEMETERY OR CREMATORY Western Cem.; LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 5 '53; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons; ADDRESS Balto 17, Md.

VS. A/6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C-2603

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7001 Windsor Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 7001 Windsor Mill Road

3. NAME OF DECEASED (Type or Print): (First) Lorenz (Middle) (Last) Gredlein
4. DATE OF DEATH: (Month) March (Day) 30, (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 10, 1874
9. AGE last birthday: 78 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Saloon Keeper
11. BIRTHPLACE (State or foreign country): Bavaria, Germany
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Mr. Gredlein
14. MOTHER'S MAIDEN NAME: Miss Vogel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: 7001 Windsor Mill Rd Mrs. Dorothea Gredlein, Woodlawn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — if days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4- , 1946, to 3-30, 1953 that I last saw the deceased alive on 3-30, 1953, and that death occurred at 10.25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Roy T. Abbott — 4509 Liberty Heights Ave.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: April 2, 1953 | NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery | LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 3/3/53 | REGISTRAR'S SIGNATURE | FUNERAL DIRECTOR: J. Ellis Amoreau | ADDRESS: 4510 Liberty Heights Ave.

Item 19a Film G152 3-26-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1601

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Craddock Home 1900 N. E Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 2829 Priestnut

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) (Last) Green
4. DATE OF DEATH: (Month) Mar (Day) 9 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: June 8-1867
9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Key West, Florida
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Clinton Shivers
14. MOTHER'S MAIDEN NAME: Sarah Segrera
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Wilhelmina Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Abscess of Parotid gland — Interval Between Onset and Death: Feb 18 1953

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shock from operation

(c)

5071X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile debility. Progenic Infection.

19a. DATE OF OPERATION --
19b. MAJOR FINDINGS OF OPERATION at Univ. Hosp. Balto. Abscess opened & drained, died next
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 18, 1953, to Mar 9, 1953, that I last saw the deceased alive on Feb 9, 1953, and that death occurred at 1.20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
G. W. Brookridge M D Elkridge Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar 13/53
NAME OF CEMETERY OR CREMATORY Mt Auburn
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 3/11/53
REGISTRAR'S SIGNATURE C. W. Hedrick
24. FUNERAL DIRECTOR Wm Brookes Ruggold ADDRESS 1463 N. Carey St

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2605

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4 mos. 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum Heights, Md.
STREET ADDRESS (If rural, give location) 407 Charles Road ✓

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) A (Last) Griffith
4. DATE OF DEATH: (Month) March (Day) 13, (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 9-8-1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James P. Cleaveland
14. MOTHER'S MAIDEN NAME: Elizabeth Griffith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Rec. Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

420.0 Immediate cause (a) Cardiac failure — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Arteriosclerotic heart disease — Years
DUE TO (c) Generalized arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Acute inflammatory parotitis — 6 days

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17-, 19..53, to 3-13-, 19..53, that I last saw the deceased alive on 3-13-, 19..53., and that death occurred at 12:40 p..m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Herrmann-Kreuzer, M.D. ADDRESS Spring Grove State Hospital, Catonsville 28, Maryland DATE SIGNED 3-13-53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF March 16, 1953 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Anne Arundel County, Md.

DATE REC'D BY LOCAL REG. 3/14/53 — REGISTRAR'S SIGNATURE V. E. Harvey

24. FUNERAL DIRECTOR George L. Schwab — ADDRESS 2108 Frederick Ave. Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07606

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; 98 Smithwood Ave MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS; STREET ADDRESS (If rural give location) 5523 Link Ave.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Gruber

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: APRIL 18, 1905

9. AGE last birthday: 47 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): MARYLAND.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unk.

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: WILLIAM GRUBER.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

44

Immediate cause (a) Hypertensive Cardio Vascular Disease — 6 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) With Acute Myocardial Infarction — 7 hours

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsons Disease — 11 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19 47, to March 28, 19 53, that I last saw the deceased alive on March 28, 19 53, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J Earl Pass, M.D. 4001 Wilkens Ave 3-28-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3/31/53

NAME OF CEMETERY OR CREMATORY: Woodlawn

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 3/30/53

REGISTRAR'S SIGNATURE: A. W. Hall

24. FUNERAL DIRECTOR: Joseph T. Timbrook ADDRESS: 1526 Sulphur Spg. Rd.

VS, A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 926117

CERTIFICATE OF DEATH

Reg. Dist. No. 3-9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 11 yrs 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1619 Lancaster St.

3. NAME OF DECEASED: (Type or Print) (First) Beatrice (Middle) (Last) Gryglik

4. DATE OF DEATH: (Month) Mar. (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 10, 1913

9. AGE last birthday: 39 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Gryglik

14. MOTHER'S MAIDEN NAME: Eva ——

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Ricardo Spring Grove State Hosp. Catonsville 28, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443X Immediate cause	(a) Cardiac failure & uremia due to	1 da.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive cardiovascular disease due to	unk. 2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16, 1953, to 3-21, 1953, that I last saw the deceased alive on 3-21, 1953, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Hermann-Greene M.D. — ADDRESS Spring Grove State Hosp. Catonsville 28 Md. — DATE SIGNED 3-21-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 24	Holy Rosary Cem.	Balto. County

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-23-53	[illegible]	John M. Weber	401 O. Chester St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02608

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WHITE MARSH — LENGTH OF STAY (in this place): 70
HOSPITAL OR INSTITUTION OR STREET ADDRESS: P.O. BOX 493

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WHITE MARSH
STREET ADDRESS (If rural, give location): P.O. BOX 493

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) CLAY (Last) HACKMAN

4. DATE OF DEATH: (Month) 3 (Day) 30 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: SEPT. 19, 1866

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR.

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHRISTIAN HACKMAN

14. MOTHER'S MAIDEN NAME: ELIZA MARTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY No.: 219-01-9951A (If yes, give war or dates of service): No

17. INFORMANT AND ADDRESS: CARVILLE HACKMAN - 818 E ST. SPARROWS POINT MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) ① Coronary Thrombosis — Interval Between Onset and Death: 45 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ② Arteriosclerotic - Hypertensive Hrt. Disease — 10 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 19 53, to March 30, 19 53, that I last saw the deceased alive on March 29 19 53, and that death occurred at 6:40 A.m., from the causes and on the date stated above.

SIGNATURE: James Thomson (Degree or title) M.D. ADDRESS: Jarrettsville Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 4/3/53 — NAME OF CEMETERY OR CREMATORY: LOMBARDY CEM. — LOCATION (City, town, or county) (State): WILMINGTON, DELAWARE

DATE REC'D BY LOCAL REG.: April 1-1953 — REGISTRAR'S SIGNATURE: William M. Kelly

24. FUNERAL DIRECTOR: Wilbur Brooke Bradley — ADDRESS: Dundalk, Md.

VS. A-1

RECEIVED
APR 6
BUREAU V. S.

3154 5-11-53 L

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 724 N Beaumont

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto
STREET ADDRESS (If rural, give location): 3100 St Paul St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alice	Acacia	Hall	Mar	31	53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	July 18 1894	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Office worker	Oil field	Dark Neck	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Edward Tydings	Ida J Linnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	212 03 6152	Mrs Eugene H Heatley 4916 Loleander

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Geo M Kieffer MD Medical Examiner	Balto 1010 Leadenhall	3-31-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-4-53	Trinity Epis Ch	Long Green Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 5, 53	C E Henry	Jos J Tobin & Sons	1400 Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]610

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore County. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place) 2 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 930 Dulany Valley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 930 Dulany Valley Rd.

3. NAME OF DECEASED: (Type or Print) (First) Theresa (Middle) Nellie (Last) Harrison

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9th Oct. 1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY: None.

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emmanuel Green

14. MOTHER'S MAIDEN NAME: Mary Green.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT'S ADDRESS: Chas. M. Harrison (Son) 5404 Greenway Rd. Towson 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset And Death: 5 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary Insufficiency & Congestive Failure. — 4 years.

DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec ..., 1952, to 17 March, 1953, that I last saw the deceased alive on 16 March, 1953, and that death occurred at 12:50 AM, from the causes and on the date stated above.

SIGNATURE John A. Wickham (Degree or title) M.D. ADDRESS 111 Allegheny Ave. Towson Md. DATE SIGNED 3/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBMENT — DATE THEREOF MAR. 21, 1953 — NAME OF CEMETERY OR CREMATORY DRUID RIDGE MAUSOLEUM — LOCATION (City, town, or county) PIKESVILLE, MD. (State)

DATE REC'D BY LOCAL REGISTRAR Mar. 21, 1953 — REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR JOHN BURNS' SONS, TOWSON, MD. — ADDRESS —

VS. A15.

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]611

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md
LENGTH OF STAY (In this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shady Side Md
STREET ADDRESS — (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) May (Last) Hartge

4. DATE OF DEATH: (Month) 3 (Day) 1 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify):

8. DATE OF BIRTH: March 27-1868-84 yrs.

9. AGE last birthday: 11 — IF UNDER 1 YEAR: Months | Days; IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mineral store

10b. KIND OF BUSINESS OR INDUSTRY: Proprietor, Shady Side

11. BIRTHPLACE (State or foreign country): Portland Maine

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Woodberry R. Abbott

14. MOTHER'S MAIDEN NAME: Lavina Lord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Laura M. Schroder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4/34 3

Immediate cause (a) Cerebral Vascular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 53, to March 19 53 that I last saw the deceased alive on Feb. 28, 1953, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

SIGNATURE Nellie T. Kies (DEGREE OR TITLE) M.D. ADDRESS Cockeysville Md DATE SIGNED 3/1/53

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): DATE THEREOF 3/4/53 NAME OF CEMETERY OR CREMATORY London Pk LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 3/2/53 REGISTRAR'S SIGNATURE Laura M. Schroder

24. FUNERAL DIRECTOR Mrs Cook, St Paul & Preston St ADDRESS

VS/A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 52 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 101 S. Prospect Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 101 S. Prospect Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MAUDE	T.	HARVEY	March 3, 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE (last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	widowed	June 9, 1876	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Lancaster, Pa.	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry L. Trout	Sarah E. Colby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Charles P. Wall Fidelity Trust Co.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Acute cardiac decompensation — Interval between onset and death: 10-14 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease — 5-5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..... , 1948, to March 3, 1953, that I last saw the deceased alive on Feb 28, 1953, and that death occurred at 5:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John Mabbott Jr.		1118 St. Paul St., Baltimore, Md.	3 - 3 -53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3 - 5 - 53	Greenmount	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/5		John O. Mitchell & Sons, Inc.	1900 Eutaw Place

JOM B Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 813

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the figures of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
LENGTH OF STAY (In this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marriottsville Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
STREET ADDRESS (If rural, give location) Marriottsville Rd.

3. NAME OF DECEASED (Type or Print): (First) Stephen (Middle) J. (Last) Hemler

4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-7-1880

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: For self

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Hemler

14. MOTHER'S MAIDEN NAME: Sarah — ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mary C. Hemler. Randallstown, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4

Immediate cause (a) Angina Pectoris. — Interval between onset and death: 10 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None. — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D.A. Caples — (Degree or title) Deputy Med. Exam M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: 3-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-21-53 — NAME OF CEMETERY OR CREMATORY: Holy Family — LOCATION (City, town, or county) (State): Harrisonville, Md

DATE REC'D BY LOCAL REG. 3/20/53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS: Frank H. Newell - Pikesville, Md

Dup-HC

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville — LENGTH OF STAY (In this place): 1yr. — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Craddock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Do. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge Md. — STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Waters (Last) Henry.

4. DATE OF DEATH: (Month) Mar (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Mar 18 1860

9. AGE last birthday: 93 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Waters.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Lewis A. Henry, Cambridge Md 222 Cedar St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemiplagia

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 24, 1953 to Mar 18, 1953, that I last saw the deceased alive on Mar 17, 1953 and that death occurred at 7.50 p. m., from the causes and on the date stated above.

SIGNATURE: Thos Craddock Sr (Degree or title) — ADDRESS: R4 Box 212 Elkridge 27 Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Mar 21-53 — NAME OF CEMETERY OR CREMATORY: Waugh M. — LOCATION (City, town, or county) (State): Cambridge Md.

DATE REC'D BY LOCAL REG. 3/20/53 — REGISTRAR'S SIGNATURE: a W Hedrick — 24. FUNERAL DIRECTOR: Lewis A Henry, Camb. Md. — ADDRESS

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 42

RELEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Balto. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Denis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 1840 Sutton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Denis

STREET ADDRESS (If rural, give location) 1840 Sutton Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
William	John	Heron	May	11	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Married	Jan. 16, 1884	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Paperhanger	Self-Emp.	Scotland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Heron	Mary Kemlo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Mrs. Wm. J. Heron - 1840 Sutton Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive C. V. D.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 19 53, to 5/11, 19 53 that I last saw the deceased alive on 5/10, 19 53 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John C. Healy M.D. 1305 Francis Ave 5/13/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5-14-53	Grace P. E. Cemetery	Chester	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 16 53	Ted Kneffer	George A. Hasley	Catonsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Parkton; LENGTH OF STAY (in this place) 43 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rayville.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Parkton; STREET ADDRESS (If rural, give location) Rayville.

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) Foster (Last) Hersey.

4. DATE OF DEATH: (Month) March (Day) 22, (Year) 1953.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 3, 1870

9. AGE last birthday: 82 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baggage Master.

10b. KIND OF BUSINESS OR INDUSTRY: Railroad.

11. BIRTHPLACE (State or foreign country): Stewartstown, Pa. R.D.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Hersey

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-01-7564

17. INFORMANT AND ADDRESS: Mabel Hersey - Parkton, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X Immediate cause (a) Cardio - Vascular - renal disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 4x, to May 22, 19 53, that I last saw the deceased alive on Mar. 22, 19 53, and that death occurred at 3:15 A. m., from the causes and on the date stated above.

SIGNATURE: E. M. Krauss (Degree or title) M.D. ADDRESS: Parkton, Md. DATE SIGNED: 3/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. DATE THEREOF: March 25 1953 NAME OF CEMETERY OR CREMATORY: Pine Grove E.U.B. Cem. LOCATION (City, town, or county) (State): Parkton, Balto. Co., Md.

DATE REC'D BY LOCAL REG. 3/23/53 REGISTRAR'S SIGNATURE: Chester L. Price

24. FUNERAL DIRECTOR: Jacob Hartenstein ADDRESS: New Freedom, Pa.

VS-A15

RECEIVED
MAR 20 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (C 61)

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7 Delray Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural give location): 7 Delray Ave.

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) M. (Last) Hirschman

4. DATE OF DEATH: (Month) March (Day) 10/53 (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct. 12, 1882

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H. W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ----------Miller

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Paul Kreh, 7 Delray Ave. Catonsville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 4434 (a) Paraplegia due to Thrombosis of

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Femoral Artery
DUE TO (c) Cardio Vascular disease c Hypertension and grade III/III Arteriosclerotic

Interval Between Onset And Death: 6 Weeks / 7 Years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ....., 1946, to March 10, 1953, that I last saw the deceased alive on 3/9, 1953, and that death occurred at 1:35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Eliot W Jamison M D 3632 Druid Hill Ave 3/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: March 13/53

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore 29, Md.

DATE REC'D BY LOCAL REGISTRAR: 3/11/53

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: Harry H. Weitzel 4101 Edmondson Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]618

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard,
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3012 Edmondson Avenue

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) E. (Last) Hissey

4. DATE OF DEATH: (Month) March (Day) 6, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 12-19-08

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Electrical

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elmer Hissey

14. MOTHER'S MAIDEN NAME: Bessie Sacks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY No.: 218-05-2475

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adms.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) CIRRHOSIS OF LIVER — Interval Between Onset And Death: 18 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19 ,19 53 , to March 6 , 19 53 , that I last saw the deceased alive on [illegible] and that death occurred at 5:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDEGRIFT, M.D.

ADDRESS VAH, Fort Howard, Md.

DATE SIGNED 3/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3-10-53

NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 3/9/53

REGISTRAR'S SIGNATURE C W Hedrick

24. FUNERAL DIRECTOR Howard Blight Funeral Home

ADDRESS 6009 Harford Rd. Baltimore, Md.

Mildred T. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

MANLY, WITH UNFADING INK. Supply every item of information carefully. The correct and fully important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Consul
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3916 Myrtle ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Consul
STREET ADDRESS (If rural, give location) 3916 Myrtle ave

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) H (Last) Lister
4. DATE OF DEATH: (Month) Mch (Day) 24 (Year) 1953

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: April 26 1872 | 9. AGE last birthday: 88 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY: Housewife | 11. BIRTHPLACE (State or foreign country): Austria | 12. CITIZEN OF WHAT COUNTRY? Austria

13. FATHER'S NAME: unknown | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Melvina Hruber 1733 Lafylea ave Balto 3 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4

Immediate cause (a) Acute Cardiac failure — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cardio vascular disease
(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Certified
Ger Notieffer MD Essex Balto Co 1010 Loch ave Md 24 53

BURIAL, CREMATION OR REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Mch 27 53 | Fork M Cem | Fork Md

DATE RECD BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Mch 24 53 | Ger Kieffer | C C Arbaugh | Fork Md

U.S. A15A

02620

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SHADYNOOK NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): HOPKINS APARTMENTS

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) COULTER (Last) HOLSTEIN

4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: JAN. 28, 1877

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: SELF

11. BIRTHPLACE (State or foreign country): PENN.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ALEXANDER HOLSTEIN

14. MOTHER'S MAIDEN NAME: ELEANOR ROSENSTEEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Janet M. Brechler HOPKINS APT.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) Arteriosclerotic cardiovascular disease	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 19 53, to March 3, 19 53, that I last saw the deceased alive on March 2, 19 53, and that death occurred at 1:35 A. m., from the causes and on the date stated above.

SIGNATURE: John A. Hayden M.D. (DEGREE OR TITLE) ADDRESS: 1188 St Paul St Baltimore 2 Md DATE SIGNED: 3-3-53

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 3-3-53

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): Indiana Penn.

DATE REC'D BY LOCAL REG. 3/3/53

REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: George A. Isely, Catonsville, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02621

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cockeysville Md
LENGTH OF STAY (in this place) 3½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1425 E. Preston St

3. NAME OF DECEASED: (Type or Print) (First) Mrs Ruth (Middle) Lee (Last) Hopps

4. DATE OF DEATH: (Month) Mar. (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan. 27-1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months 3 – Days; IF UNDER 24 HRS.: Hours – Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & Practical Nurse

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hydesville Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaac Thomas Diggs

14. MOTHER'S MAIDEN NAME: Anna Marie Landis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-14-6825

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral Vascular Accident DUE TO	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis DUE TO	3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 49, to Mar 8, 1953, that I last saw the deceased alive on Mar 7, 1953, and that death occurred at 3 30 A. m., from the causes and on the date stated above.

SIGNATURE Walter T. Ilus (DEGREE OR TITLE) M. D. ADDRESS Cockeysville Md DATE SIGNED 3/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 3/10/53 NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery LOCATION (City, town, or county) Towson Md (State)

DATE REC'D BY LOCAL REG. 3/9/53 REGISTRAR'S SIGNATURE Laura M. Schroeder

24. FUNERAL DIRECTOR Wm. Cook, ADDRESS St. Paul & Preston St.

COPY SENT TO LOCAL REGISTRAR No.____DATE____

RECEIVED
MAR 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]62?

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) 17yr. 3mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HALETHORPE
STREET ADDRESS (If rural, give location) 5552 Carville Ave.

3. NAME OF DECEASED: (Type or Print) (First) Jeanette (Middle) C. (Last) HUBER

4. DATE OF DEATH: (Month) (Day) (Year) 3 - 29 - 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-2-1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months 9 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Peddler

10b. KIND OF BUSINESS OR INDUSTRY: Own

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN HUBER

14. MOTHER'S MAIDEN NAME: KATE ALBECKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MILTON J HUBER (Brother) 555 CARVILLE AVE HALETHORPE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

17 OX

Immediate cause (a) Generalized carcinomatosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma left breast

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29-1935, to 3-29-1953, that I last saw the deceased alive on 3-29-53, and that death occurred at 7:11 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Harold E. Edwards MD Spring Grove Hospital

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF April 1/53

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 3/31/53

REGISTRAR'S SIGNATURE W. W. Hudgins

24. FUNERAL DIRECTOR Harry F. Weitzfeld ADDRESS 4101 Edmondson Ave

VS-A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH
COUNTY: Pikesville — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore County
LENGTH OF STAY (in this place): 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pikesville

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore county
STREET ADDRESS (If rural, give location): Pikesville

3. NAME OF DECEASED (Type or Print): (First) Elsa (Middle) W. (Last) Hutzler

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 20, 1906

9. AGE last birthday: 46 yrs. If under 1 year: Months 6, Days 3. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William B. Wolf

14. MOTHER'S MAIDEN NAME: Emma Frankel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Charles G. Hutzler, Pikesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Haemorrhagic pulmonary edema — Interval Between Onset and Death: ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocardial fibrosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 19 61, to 5/1/61, 19..., that I last saw the deceased originally then. Was called after her outlen death 3/24/63 Body released by Dr. Cables Registrar Autopsy Sig. alive on ..., 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE: Charles Krikorian (Degree or title) M.D. ADDRESS: 1417 Eutaw Place DATE SIGNED: 3/24/63

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE: March 25 — NAME OF CEMETERY OR CREMATORY: Greenmount — LOCATION (City, town, or county) (State): Greenmount Ave.

DATE REC'D BY LOCAL REGISTRAR: MAR 27 1963

REGISTRAR'S SIGNATURE: E. E. Nichols

24. FUNERAL DIRECTOR — ADDRESS: David R. Martin, 1902 Eutaw Pl.

David R. Martin

MAR 20 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH
COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MARYLAND
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4200. Prague Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location): 4200 Prague Ave

3. NAME OF DECEASED (Type or Print): (First) Marjorie (Middle) E (Last) Jackson

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 29-1951

9. AGE last birthday: 1 yrs. If under 1 year: Months 2, Days 4, Hours, 24 hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Balto City Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Elmer W Jackson

14. MOTHER'S MAIDEN NAME: Marjorie V. Blankney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr Elmer Jackson 4200 Prague Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

293 x

Immediate cause (a): MALNUTRITION — Interval between onset and death: 8 mos.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): KERNICTERUS — 14 mos. 7 days

(c): ERYTHROBLASTOSIS FETALIS — From Birth 12/29/51

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29, 1951, to 3/6, 1953, that I last saw the deceased alive on 3/19, 1953, and that death occurred at 1125 A. m., from the causes and on the date stated above.

SIGNATURE: W. Macken (Degree or title) MD ADDRESS: 6331 Belair Road (6) DATE SIGNED: 3/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3/9/53

NAME OF CEMETERY OR CREMATORY: Loudon Park Cem

LOCATION (City, town, or county) (State): Balto Md

DATE RECD BY LOCAL REG.: Mar. 7 1953

REGISTRAR'S SIGNATURE: Anna A. L. Reifsnider

24. FUNERAL DIRECTOR: Lasselun Funeral Home

ADDRESS: 7401 Belair Rd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MAR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (625)

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks

LENGTH OF STAY (in this place) 50 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Quaker Bottom Roads

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Balto

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks

STREET ADDRESS (If rural give location) Quaker Bottom Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Edward (Last) Jenkins

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.
M	C	Married	Dec. 6, 1880	72 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Contracting	Maryland	U.S.A.

13. FATHER'S NAME: John Jenkins

14. MOTHER'S MAIDEN NAME: Mary Jane Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	219-10-1759	wife. Mrs. Florence Jenkins Sparks Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 X

Immediate cause (a) DUE TO: Hypertensive - Arteriosclerotic cardio-renal disease.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Years 0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus ulcer, infected, left buttock

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 5, 1948, to [illegible] 1953, that I last saw the deceased alive on March 10, 1953, and that death occurred at 10:20 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Elizabeth R. Stanville, M.D. — ADDRESS Cockeysville Md. — DATE SIGNED 3/13/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-16-53	Stevenson M.E.	Sparks, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
16 March 1953	Irene Armistead MacRae	J. Scott Brooks	Sparks, Md.

VS. A15

MAR 1
PU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson | LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 513 Sussex Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 513 Sussex Road

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) WILLIAM (Last) JONES
4. DATE OF DEATH: (Month) March (Day) 10, (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Nov. 24, 1896
9. AGE last birthday: 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William A. Jones
14. MOTHER'S MAIDEN NAME: Sarah I. Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. Joseph W. Jones, Towson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage accident — 15 min

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis & Hypertension — 20 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/16/47, 19....., to 3/10/53, 19....., that I last saw the deceased alive on 3/10/53, 19....., and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Francis M. Kline M.D. 1000 University Pkwy 3/11/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Mar. 12, 1953 | NAME OF CEMETERY OR CREMATORY Parkwood Cemetery | LOCATION (City, town, or county) (State) Parkville, Maryland

DATE REC'D BY LOCAL REG. Mar. 12, 1953 | REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR | ADDRESS: John Burns' Sons, Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C 626

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2828 W. Calvert St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Regina (Last) Jones

4. DATE OF DEATH: (Month) Mar. (Day) 26 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: Sept. 29 1879

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months 6, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John J. Nunan

14. MOTHER'S MAIDEN NAME: Mary Fitzgerald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331 X

Immediate cause (a) Cerebral Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteria sclerosis — Abt 5 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 19 52 to Mar. 26 19 53 that I last saw the deceased alive on Mar. 25, 19 53, and that death occurred at 9.5 p.m., from the causes and on the date stated above.

SIGNATURE Walter T. Ives — (DEGREE OR TITLE) M.D. — ADDRESS Catonsville Md — DATE SIGNED 3/26/53

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): — DATE THEREOF 3/30/53 — NAME OF CEMETERY OR CREMATORY Greenmount Cemetery — LOCATION (City, town, or county) Balto. — (State) Md

DATE REC'D BY LOCAL REG. 3-30-53 — REGISTRAR'S SIGNATURE Laura M. Schroeder

24. FUNERAL DIRECTOR Wm. Cook — ADDRESS 1 Penn & Preston St

COPY SENT TO

DATE

RECEIVED
MAR 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: BALTIMORE — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PIKESVILLE

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: REISTERSTOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND COUNTY: BALTIMORE

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PIKESVILLE

STREET ADDRESS (If rural, give location): REISTERSTOWN ROAD

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) B. (Last) JUSTIS

4. DATE OF DEATH: (Month) MARCH (Day) 1, (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	WHITE	MARRIED	OCTOBER 27, 1860	92 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
RET. MOTORMAN	UNITED RAILWAY & ELEC Co.	VIRGINIA	

13. FATHER'S NAME: BENJAMIN JUSTIS

14. MOTHER'S MAIDEN NAME: MARY CHILDRES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: CALVIN L. JUSTIS, BOX 284, PIKESVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	6 mons
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary Sclerosis	1 yr.
DUE TO		
	(c) Art. Sclerosis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 2/19, 1953, to 3/1, 1953, that I last saw the deceased alive on 3/1, 1953, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
James A. Miller Jr.		Pikesville 8 Md.	3/2/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/4/53	Loudon Park Cemetery	Baltimore	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/3/53	[illegible]	Wm. Cook, Inc., 1217 N. Paul Street	

VS-A 13 8-51

JJ

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(12629)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towsontown
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 601 Harlem Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville Md.
STREET ADDRESS (If rural give location) 601 Harlem Lane

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) H (Last) Irwin

4. DATE OF DEATH: (Month) 3 (Day) 10 (Year) 1953

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 3/29/1889 | 9. AGE last birthday: 63 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Foreman | 10b. KIND OF BUSINESS OR INDUSTRY: Textile | 11. BIRTHPLACE (State or foreign country): Va | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Irwin

14. MOTHER'S MAIDEN NAME: Harriett — Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes | (If Yes, give war or dates of service) War I

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Charles H. Irwin (same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertension, Arterial

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Cardiac failure

(c)

Interval Between Onset And Death: 6 yrs. 6 Days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1950, to 3/10, 1953, that I last saw the deceased alive on 3/9, 1953, and that death occurred at 1:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) John Wesman M.D. ADDRESS 3534 Edmondson Ave. DATE SIGNED 3/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/13/53 | NAME OF CEMETERY OR CREMATORY Pikesville National | LOCATION (City, town, or county) Pikesville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3/12/53 | REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR MacNabb & Sons, ADDRESS [illegible]

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BOZEMAN, MONT.
MAR 16 1927

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (. 630)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2718 Park Drive

3. NAME OF DECEASED: (Type or Print) (First) Mathew (Middle) (Last) Katholing

4. DATE OF DEATH: (Month) March (Day) 17, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 21, 1868

9. AGE last birthday: 84 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Katholing

14. MOTHER'S MAIDEN NAME: Ursula —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 5 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic heart disease — years

DUE TO

(c) Generalized atteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 28, 1953, to March 17, 1953, that I last saw the deceased alive on March 17, 1953, and that death occurred at 7.20 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John P. Risley MD Spring Grove Sta. Hospital Catonsville 28, Md. March 17 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF 3/20/53 — NAME OF CEMETERY OR CREMATORY University Med School — LOCATION (City, town, or county) Balto City, Md (State)

DATE REC'D BY LOCAL REG. 3/20/53 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR Frances G Hemsley — ADDRESS 578 N Bradford St

VS-A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 23 1953
BUREAU V. S.

Item 9 FilmG151 3/10/53 whw

631

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus, Balto. Co. Md.
STREET ADDRESS (If rural, give location) 1240 Stevens Ave

3. NAME OF DECEASED (Type or Print): (First) Theresa (Middle) V. (Last) Kauffman
4. DATE OF DEATH (Month) (Day) (Year): 3-2-53 19

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: 7-22-81
9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wesley B. Tarr
14. MOTHER'S MAIDEN NAME: Emma ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Joseph L. Smith- 1117 Cooley Ave, Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure — Interval between onset and death: 1 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary Thrombosis (infarction) about 2 mos.
(c) Arteriosclerotic C.V. Disease ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1941, to 3/2/53, 19....., that I last saw the deceased alive on Feb 28, 1953, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Nathan Spivity M.D. — 3100 Garrison Blvd. — 3/3/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3-5-53
NAME OF CEMETERY OR CREMATORY: New Cathedral
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/3/53
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Lilly & Zeiler, Inc
ADDRESS: 103 S. Wolfe Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 300 Oakwood Road

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) W. (Last) KEATON

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-30-89

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Railroad Worker

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Richmountain, North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown (None)

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) CEREBRAL INFARCT — 12 DAYS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) EMBOLUS — UNKNOWN

DUE TO (c) MURAL THROMBI OF LEFT AURICLE — UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 21, 19 53, to March 3, 19 53 [illegible] and that death occurred at 2:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): William B. VanDegrift M. D. — ADDRESS: VAH, FORT HOWARD, MD. — DATE SIGNED: 3-3-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-6-53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3/6/53 — REGISTRAR'S SIGNATURE: O. N. Hudson

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Rd. Baltimore, Md.

Mildred T. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 612 Carvell Grove Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 612 Carvell Grove Rd.

3. NAME OF DECEASED: (Type or Print) (First) Williams (Middle) Howard (Last) Kirkendall

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 18-1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Eli Kirkendall

14. MOTHER'S MAIDEN NAME: Eliza Golden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Ray Kirkendall Same as above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Myocardial infarction DUE TO	3 MIN.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary thrombosis DUE TO	30 MINS
	(c) Arteriosclerotic heart disease	10+ yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 52, to March 13, 19 53, that I last saw the deceased alive on March 13, 19 53, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) MD ADDRESS 434 Eastern ave Essex md DATE SIGNED 3/16/53

23. BURIAL, CREMATION REMOVAL, (Specify): Burial

DATE THEREOF 3/17/53

NAME OF CEMETERY OR CREMATORY Belair Memorial Gardens

LOCATION (City, town, or county) Belair (State) Md.

DATE REC'D BY LOCAL REG. 3/17/53

REGISTRAR'S SIGNATURE C W Hedrick

24. FUNERAL DIRECTOR John D Connelly ADDRESS 418 Eastern Ave Balto. 21 Md.

MARYLAND STATE DEPARTMENT OF HEALTH

02634

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Baltimore~~ Parkwood; LENGTH OF STAY (in this place): MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2803 Linganore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Baltimore~~ Parkwood; STREET ADDRESS (If rural, give location): 2803 Linganore Avenue

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) (Last) KOHLHEPP

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Nov. 22, 1895

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): construction

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles F. Kohlhepp

14. MOTHER'S MAIDEN NAME: Susie Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-12-9089

17. INFORMANT AND ADDRESS: Mrs. Leonora M. Kohlhepp, 2803 Linganore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to Carbon Monoxide poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gunshot wound of head

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ (CAUSE OF) DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: road (CITY OR TOWN): Towson (COUNTY): Baltimore (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): March 12, 1953 7:55 p.m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Hooked garden hose from exhaust pipe into car, then shot himself in head

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide X, homicide ☐, undetermined ☐.*

SIGNATURE: R.B. Fisher M.D. (Degree or title) ADDRESS: Chief Medical Examiner-700 Fleet St.-Balto. 2,Md. DATE SIGNED: 3/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 3/16/53; NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery; LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 3/16/53; REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road.

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]635

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LONG GREEN
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LONG GREEN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) K (Last) KOLK

4. DATE OF DEATH: (Month) 3 (Day) 26 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: NOV. 7, 1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEKEEPER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ADAM G. KOLK

14. MOTHER'S MAIDEN NAME: BARBARA R TRAPP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: JOHN F KOLK

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) arteriosclerosis, generalized — Interval Between Onset And Death: unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral vascular accident — 11 days
DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26/53, 19 53, to 3/26/53, 19 53, that I last saw the deceased alive on 3/26/53, and that death occurred at 8 pm, from the causes and on the date stated above.

SIGNATURE C.E. Gonzalez, M.D. (Degree or title)

ADDRESS 2911 Emerald Road

DATE SIGNED 3/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 3-29-1953

NAME OF CEMETERY OR CREMATORY ST. JOHNS

LOCATION (City, town, or county) BLENHEIM (State) MD.

DATE REC'D BY LOCAL REGISTRAR Mar. 28, 1953

REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO.

ADDRESS 4905 YORK RD. BALTO., MD.

VS-A15

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
LENGTH OF STAY (in this place) 19 yr. 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) STEPHEN (Middle) (Last) KUBISIAK

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Aug. 26, 1879

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TUBE WORKER

10b. KIND OF BUSINESS OR INDUSTRY: METAL

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Andrew Kubisiak

14. MOTHER'S MAIDEN NAME: Marie Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: M. Lee Kubisiak 2330 Sidney St. Pittsburgh Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Generalized arteriosclerosis

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1953, to March, 1953, that I last saw the deceased alive on March 20, 1953, and that death occurred at 9:15a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elizabeth B. Schmidt, M.D. ADDRESS: Cockeysville, Md. DATE SIGNED: 3/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 3/24/53
NAME OF CEMETERY OR CREMATORY: University Med. School
LOCATION (City, town, or county) (State): Baltimore Co. Md

DATE REC'D BY LOCAL REG.: 3/23/53
REGISTRAR'S SIGNATURE: Wm. J. Schlicord
24. FUNERAL DIRECTOR: Frances A. Hemsley ADDRESS: 578 W. Baltimore St

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]637

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 3358 Wilkins Avenue

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) H. (Last) KUHLMAN

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-22-89

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Auto Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Pittsburg Glass

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Kuhlman

14. MOTHER'S MAIDEN NAME: Anna Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 212-18-0193

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X

Immediate cause (a) carcinoma of esophagus — Interval Between Onset And Death: 1½ yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 25, 1953, to March 28, 1953, and that death occurred at 7:55 A.M., from the causes and on the date stated above.

WILLIAM B. VANDEGRIFT, M.D. (Degree or title) — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 3-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 1/53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3/31/53 — REGISTRAR'S SIGNATURE: [signature] — ADDRESS

24. FUNERAL DIRECTOR: Harry H. Witzke Funeral Home, 4101 Edmondson Ave., Baltimore, Maryland

VS. A15 2R

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02638

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) ----
LENGTH OF STAY (in this place) ----
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6306 Mossway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) --
STREET ADDRESS (If rural give location) 6306 Mossway

3. NAME OF DECEASED: (Type or Print) (First) OSCAR (Middle) JOSEPH (Last) LAUN

4. DATE OF DEATH: (Month) Mar. (Day) 25 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 4, 1896

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Vice Pres.

10b. KIND OF BUSINESS OR INDUSTRY: Stevedoring

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Oscar Laun

14. MOTHER'S MAIDEN NAME: Sarah White

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World No. 1

16. SOCIAL SECURITY No.: 083-03-7977

17. INFORMANT & ADDRESS: Mrs. Anna G. Laun - 6306 Mossway

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 420.1 Coronary occlusion & decompensation — 7 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary sclerosis
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/25, 1953, to 3/25, 1953, that I last saw the deceased alive on 3/25, 1953, and that death occurred at 9 AM., from the causes and on the date stated above.
SIGNATURE (Degree or title) Charles J. Slagle ADDRESS 101 E. Biddle St DATE SIGNED 3/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 3/28/53 NAME OF CEMETERY OR CREMATORY Sleepy Hollow Cem. LOCATION (City, town, or county) (State) Tarrytown, N. Y.

DATE RECD BY LOCAL REGISTRAR 3/26/53 REGISTRAR'S SIGNATURE Geo. Kaul Deputy

24. FUNERAL DIRECTOR Wm. J. Pickney & Sons ADDRESS Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 D639

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City.
STREET ADDRESS (If rural, give location) 2211 Rogers Ave Balto

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) B (Last) Lee

4. DATE OF DEATH: (Month) March 11 (Day) (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1/18/1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel J. Lee

14. MOTHER'S MAIDEN NAME: Amelia Hardy Balt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Marie B Fisher 2211 Rogers Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Myocardial failure — Interval between onset and death: 4 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic Cardiovascular Disease — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 29, 1952, to March 11, 1953, that I last saw the deceased alive on March 11, 1953, and that death occurred at 11:10 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Arthur M Hanson M.D Spring Grove State Hosp 3/11/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3/14/53

NAME OF CEMETERY OR CREMATORY Western Cem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGR. 3/12/53

REGISTRAR'S SIGNATURE A. M. Hedrick

24. FUNERAL DIRECTOR Wm. J. Pickner & Sons ADDRESS Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. NAME OF DECEASED (Type or Print): Carrie Virginia Leef
2. DATE OF DEATH: Mar. 19, 1953
3. PLACE OF DEATH. A. Baltimore City, Maryland — Balto. County
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8821 Victory Ave
c. Length of stay in Baltimore: Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 8821 Victory Ave
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-18-84
9. AGE (In years last birthday) | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.: 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Adkins
14. MOTHER'S MAIDEN NAME: Mary Howard
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Ferguson ADDRESS: 3704 Jocelyn Rd

MEDICAL CERTIFICATE

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) ... Cancer Cervix
DUE TO
171X
(B) ...

ANTECEDENT CAUSES
DISEASES OR CONDITIONS

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Hypertension CVD

INTERVAL BETWEEN ONSET AND DEATH: 7 mos.

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ..., 1951, *to* Mar. 19, 1953, *that I last saw the deceased alive on* Mar. 19, 1953, *and that death occurred at* 10:30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Donald Jamison, M.D.
23B. ADDRESS: 6037 Harford Rd.
23C. DATE SIGNED: 3-19-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B DATE: 3/23/53
24C NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
24D LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: 3/21/53
REGISTRAR'S SIGNATURE: C. W. H. Beck
25 FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: Leonard J. Ruck, 5305 Harford Road.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNINK. Every item of information should be carefully supplied. If correct age is especially important. Physician write the causes of death clearly and legibly.

VS. A15 - 1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wellsville
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
[illegible]	[illegible]	[illegible]	March	19	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	Sept 11 1915	37 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter (House)	Unemployed	Rochester N.Y.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Hyler	Maude Kinnear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
WWII	126-12-1505	Mrs. Helen Hyler Wife Wellsville N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Ruptured dissecting aneurysm of arch of aorta with pericardial hemorrhage and [illegible]	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William H. Hewitt		700 Fleet Street, Baltimore, Md.	3/19/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-23-53	Wiltsie Cemetery	Wellsville N.Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/20/53	A. W. Hewitt	Frank S. Greene	252 Edmondson Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and legibly. The correct answer is especially important. Physicians: please write the causes of death clearly.

VS. 418A

ITEMS 8, 9: film G152 3-20-53 L

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

2642

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (In this place) 10 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 214 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural, give location) 214 Main St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	GEORGE	M.	LEIBY		Mar.	5	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Dec. 14 1897	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Inspector	Custom House	Pennsylvania	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Monroe Leiby	Mary Schneck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes World No.1	no	Mrs. Eudora Leiby, 214 Main St., Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none			

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none m.		none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples	Deputy Med. Exam. M.D.	Reisterstown, Md.	3-5-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-9-53	Balto. National Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/6/53	Wm. Hedrick	Wm. J. Tickner & Sons	Baltimore 17, Md.

GE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 43

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville 28
LENGTH OF STAY (in this place) 34yrs 5mos 19dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) F. (Last) Lloyd

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1869

9. AGE Last birthday: 83 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oysterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Levern Lloyd

14. MOTHER'S MAIDEN NAME: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
4 2 0 0 Immediate cause	(a) Acute cardiac failure	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease	yrs
	DUE TO (c) Generalized arteriosclerosis	yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1952, to 3-7, 1953, that I last saw the deceased alive on 3-6, 1953, and that death occurred at 4:50 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Louis Frances Woodward M.D. Spring Grove State Hosp. Catonsville 28 Md 3-7-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3/10/53

NAME OF CEMETERY OR CREMATORY University Med School

LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REG. 3/10/53

REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR Thomas G Hemsley ADDRESS 528 N Biddle St

MAR 12
BUREAU V.S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS. A15

11264.1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; LENGTH OF STAY (in this place) one year; HOSPITAL OR INSTITUTION OR STREET ADDRESS 140 Riverthorne Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; STREET ADDRESS (If rural, give location) 140 Riverthorne Rd

3. NAME OF DECEASED (Type or Print): (First) Marcus; (Middle) H; (Last) Ludescher

4. DATE OF DEATH: (Month) 3; (Day) 16; (Year) 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4-4-78

9. AGE last birthday: 74 yrs.; If under 1 year: Months 11; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Machinist

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marcus Ludescher

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Francis L. Landrada Middle River 140 Riverthorne Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

321K

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Arteriosclerosis, Generalized

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): C

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

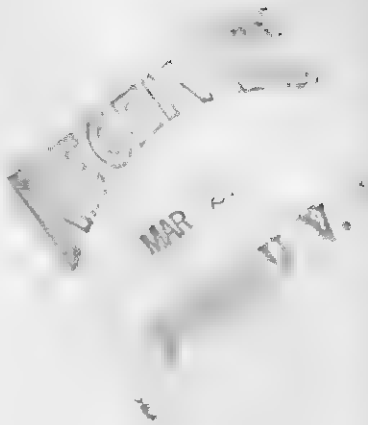
22. I hereby certify that I attended the deceased from Dec., 19 52, to 3/16, 19 53, that I last saw the deceased alive on 3/15/53, 19....., and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph D'Antonio — ADDRESS: 127 Riverthorne Rd. — DATE SIGNED: 3/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 3-19-53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Philadelphia Pa.

DATE REC'D BY LOCAL REG. 3/16/53 — REGISTRAR'S SIGNATURE: Erick Hurley

24. FUNERAL DIRECTOR: John G. Connelly — ADDRESS: 418 Eastern Ave. Essex, 21, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12645

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1927 MIDLAND AV

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 1927 MIDLAND ROAD

3. NAME OF DECEASED (Type or Print): (First) BESSIE (Middle) HAMILTON (Last) LYONS

4. DATE OF DEATH: (Month) MAR (Day) 12 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: DEC. 16. 1882

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM COOK

14. MOTHER'S MAIDEN NAME: ELIZABETH THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: ROGER LYONS - 1927 MIDLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	1 hr.
	(c) Coronary Arteriosclerosis	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19..49..., to 12 March, 19..53..., that I last saw the deceased alive on 12 March, 19..53..., and that death occurred at 6:50 P. m., from the causes and on the date stated above.

SIGNATURE: B W Pollock — (Degree or title) MD — ADDRESS 2900 Duncan Rd — DATE SIGNED 13 March 53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: MAR. 16-1953 — NAME OF CEMETERY OR CREMATORY: OAK LAWN — LOCATION (City, town, or county) (State): COLGATE MD

DATE REC'D BY LOCAL REG.: March 14 1953 — REGISTRAR'S SIGNATURE: R.W.R. ✓

24. FUNERAL DIRECTOR — ADDRESS: ULLRICH FUNERAL HOME 2112 DUNDALK

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7314 Betz Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
STREET ADDRESS (If rural, give location) 7314 Betz Avenue

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) J (Last) Madison
4. DATE OF DEATH: (Month) 3 (Day) 29 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	Jan. 31, 1901	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Register & Nurse & Housewife	Nursing	Boston, Mass.	

13. FATHER'S NAME: Dr. Frank F. Dobbins
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		James F. Madison, 7314 Betz Avenue

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion	2 M.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. D. 1205 N. Rolling Road - Catonsville 28, Md. 3/31/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	4/1/53	Green Mount Crematory	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/31/53	[signature]	Wm. Cook, Inc.,	1217 St. Paul Street

VS/A15A T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02647

Reg. Dist. No. 35

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Freeland.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Middletown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Freeland.
STREET ADDRESS (If rural give location) Middletown Rd.

3. NAME OF DECEASED: (Type or Print) (First) Pearl (Middle) Grace (Last) Marshall

4. DATE OF DEATH: (Month) March (Day) 23, (Year) 1953.

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married. | 8. DATE OF BIRTH: June 4 1883 | 9. AGE Last birthday: 69 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Packer
10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory
11. BIRTHPLACE (State or foreign country): Beckleysville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Stiffler.
14. MOTHER'S MAIDEN NAME: Frances Hampsher.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 179-20-5094
17. INFORMANT & ADDRESS: Oscar Marshall, Freeland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 10 Min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arterio sclerosis

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 53, to Mar. 23, 1953, that I last saw the deceased alive on Mar. 22, 1953, and that death occurred at 11:30 p, from the causes and on the date stated above.

SIGNATURE C. M. Franco (Degree or title) M.D. ADDRESS Parkton Md. DATE SIGNED 3/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF March 26 1953 | NAME OF CEMETERY OR CREMATORY Middletown Cemetery | LOCATION (City, town, or county) Freeland, Balto. Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 3/25/53 Charles L. Feeder

24. FUNERAL DIRECTOR Jacob Hartenstein ADDRESS New Freedom, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 2 1953
BUREAU V. S.

02648

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. F 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arcadia; LENGTH OF STAY (in this place) 4 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arcadia Md; STREET ADDRESS (If rural, give location) Rural - Upperco, P.O.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leon	Henry	Mastel	Mch	6	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Mar. 2nd	Sept 26-1889	64 yrs.	3	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	Contractor	Taylor, Mass	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph A. Mastel	Florence Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	213-14-3362	Mrs Evelyn Mastel Upperco Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart Failure -	1 week [illegible]
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive - Arteria - Sclerosis 240/160 B.P.	2 yrs
	(c) Cerebral Anemia	1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. His mental State has been disturbed since Feb 1952

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb ....., 1953., to Mch 5 ....., 1953., that I last saw the deceased alive on Mch 5 ....., 1953, and that death occurred at 1.15 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Cyril E. Fauble	M.D.	Upperco Md.	Mch 6-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 7/53	Emory - Cemetery	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-7-53	Mary B. Elmo	Edw. Clayton	Hampstead Md

RECEIVED
MAR 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 8224 14th Ave

3. NAME OF DECEASED: (Type or Print) (First) Justus (Middle) (Last) Martin

4. DATE OF DEATH: (Month) Mar (Day) 13 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 20 1888

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Martin

14. MOTHER'S MAIDEN NAME: Lucy Geisendefer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Not Known

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4-5-0

Immediate cause (a) Cardiac Failure — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: Terminal

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Generalized Arteriosclerosis — DUE TO — Indeterminate
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis + Parkinson's Dis Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 25, 1953, to Mar 13, 1953, that I last saw the deceased alive on Mar 13, 1953, and that death occurred at 11:15 pm m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Frederick E Phillips M.D. Spring Grove Hospital 3/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF 3/14/53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 3/14/53 — REGISTRAR'S SIGNATURE T E Harris

24. FUNERAL DIRECTOR J. Wm Lees Sons Co — ADDRESS 300 4th St N.E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2650)

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
MARYLAND
LENGTH OF STAY (in this place): 43 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 414 N. Pearl Street

3. NAME OF DECEASED: (First) WILLIE (Middle) (Last) MARTIN

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-4-00

9. AGE last birthday: 52 yrs
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Skilled Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Greensboro, N. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Martin Martin

14. MOTHER'S MAIDEN NAME: Alice McDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 218-07-9064

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (162X)	(a) BRONCHOGENIC CARCINOMA, LEFT UPPER LOBE	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	UNKNOWN
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan. 27 ..., 19 53, to March 11, 19 53, [redacted] and that death occurred at 2:45 AM ....., from the causes and on the date stated above.

SIGNATURE: F. G. Dickey (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 3-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/13/53
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR: 3/11/53
REGISTRAR'S SIGNATURE: A. U. Heduch
24. FUNERAL DIRECTOR ADDRESS: Arlington S. Phillips Funeral Home, 1808 N. Monroe Street, Baltimore 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3307 MARTINI

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 3307 MARTINI AVE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GUSTAV		MARTINI	MAR.	12	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	SINGLE	JULY 19, 1868	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTER	—	BALTIMORE MD	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HERMAN MARTINI	CATHERINE HERTZBERGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	—	AUGUST MARTINI 3309 MARTINI AV

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
42 / Immediate cause	(a) Arterio-sclerotic Cardio. vascular renal	10 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Hypertrophied Prostate — 5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 1952	Hyp. of Prostate	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—		—

22. I hereby certify that I attended the deceased from May, 1952, to March 12, 1953, that I last saw the deceased alive on March 1, 1953, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	MAR 14 1953	OAK LAWN	COLGATE MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 14 1953	R.W.	ULRICH FUNERAL HOME	2112 DUNDALK

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1652

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 289 Holly Neck Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; STREET ADDRESS (If rural, give location) 289 Holly Neck Road

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) F. (Last) MATEJKA

4. DATE OF DEATH: (Month) March (Day) 6, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct. 10, 1889

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? 45 yrs -U.S

13. FATHER'S NAME: Joseph Zahradka

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Slava E. Mowll - dght - above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1744 Immediate cause (a) Carcinoma of Body Uterus — Interval Between Onset and Death: years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Metastasis to Lungs

(c) Hypertension C-V disease — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Emerg Hosp. 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-18, 1953, to 3-6, 1953, that I last saw the deceased alive on 3-6, 1953, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE: Maxwell Edmund (Degree or title) M.D ADDRESS 417 N Eastern Ave. Essex DATE SIGNED 3-7-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Mar. 9, 1953; NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery; LOCATION (City, town, or county) (State): Horner's Lane, Balto. Md.

DATE REC'D BY LOCAL REG. 3/9/53; REGISTRAR'S SIGNATURE: A. M. Hedges

24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. ~~2601-3-5 E. Madison St.~~

VS. A15

02653

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AIX 8-51

1. PLACE OF DEATH:
COUNTY: BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 631 ALDERSHOT RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
STREET ADDRESS (If rural, give location): 631 ALDERSHOT RD.

3. NAME OF DECEASED: (Type or Print) (First) ESTELLE (Middle) A (Last) McCOBBIN

4. DATE OF DEATH: (Month) MARCH (Day) 1 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Dow

8. DATE OF BIRTH: NOV. 25, 188Y

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPER

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HENRY HURN

14. MOTHER'S MAIDEN NAME: JOHANNA SULLIVAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Charles D. Faith - 631 Aldershot Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause — (a) Cerebral Hemorrhage (massive) — Interval between onset and death: 12 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Hypertensive Cardio-Vascular Renal — Many years

DUE TO

(c) Chronic Coronary insufficiency

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1952, to Mar. 1, 1953, that I last saw the deceased alive on 3/1, 1953, and that death occurred at 8:00 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) A. P. Van Schuyver MD — ADDRESS 4816 Edmondson Ave — DATE SIGNED 3/4/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 3-5-53 — NAME OF CEMETERY OR CREMATORY Cathedral Cem. — LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 3-4-53 — REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR George A. Fraley — ADDRESS Catonsville, Md.

U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

13651

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 53 BROADSHIP

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 53 BROADSHIP

3. NAME OF DECEASED (Type or Print): (First) DOROTHY (Middle) (Last) McINTIRE

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: DEC 17, 1901

9. AGE last birthday: 51 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM CHILCOAT

14. MOTHER'S MAIDEN NAME: MARTHA LITCHFIELD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: J. CLYDE McINTIRE 53 BROADSHIP

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast — Interval between onset and death: 23 Mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-25-51

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Breast

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 25, 1951, to March 31, 1953, that I last saw the deceased alive on March 31, 1953, and that death occurred at 7:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Eugene R. Evans, M.D. — 1 Liberty Parkway — April 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: APR 4, 1953 — NAME OF CEMETERY OR CREMATORY: OAK LAWN — LOCATION (City, town, or county) (State): COLGATE MD

DATE REC'D BY LOCAL REG.: April 4-1953 — REGISTRAR'S SIGNATURE: William M Kelly

24. FUNERAL DIRECTOR — ADDRESS: ULLRICH FUNERAL HOME 2112 DUNDALK

RECEIVED
APR 6 19
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12-57

BUREAU APR 4 55 38

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly ■ legibly. ■ is especially important.

1. PLACE OF DEATH: COUNTY BATO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS PT. (16) — LENGTH OF STAY (in this place) 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 514 C ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNA — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNBAR
STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) HOLLANDER (Last) MEANS

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 1953

5. SEX: M. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED — 8. DATE OF BIRTH: SEPT. 16, 1871 — 9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL TEACHER — 10b. KIND OF BUSINESS OR INDUSTRY: PUBLIC EDUCATION — 11. BIRTHPLACE (State or foreign country): PENNA — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL W. MEANS — 14. MOTHER'S MAIDEN NAME: MOLLY [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. NONE — 17. INFORMANT AND ADDRESS: JAMES MEANS, M.D. — 514 C ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.3
Immediate cause (a) Cerebro-vascular accident (Embolism) — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mycotic lesion pulmonary valve — 5+ Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — — 19b. MAJOR FINDINGS OF OPERATION — — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 20, 1953, to Mar 31, 1953, that I last saw the deceased alive on Mar 30, 1953, and that death occurred at 5 15 9 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Richard M. Garrett M.D. — 314 Med Arts Bldg — Mar 31 53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 4-3-53 — NAME OF CEMETERY OR CREMATORY OAK LAWN — LOCATION (City, town, or county) BALTO. CO. — (State) Md.

DATE REC'D BY LOCAL REG. April 3 1953 — REGISTRAR'S SIGNATURE William M Kelly — 24. FUNERAL DIRECTOR — ADDRESS
Walter Bruce Bradley, Dundalk, Md.
Mabel Gray - emb

VS. A15

APR 6 1983
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]656

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 3 yrs. 6 mon. 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fork
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Pauline (Middle) (Last) Melber

4. DATE OF DEATH: (Month) (Day) (Year) March 31, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-29-1882

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Johann Russ

14. MOTHER'S MAIDEN NAME: Margareta Schriner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Record Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260 X

Immediate cause (a) Gangrene right foot — Interval Between Onset and Death: 1 week

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Diabetes Mellitus — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis, advanced — years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-8-51, 1951, to 3-31-, 1953, that I last saw the deceased alive on 3-31-53, 1953, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Heumann-Green MD ADDRESS Spring Grove State Hosp. Catonsville 28 MD DATE SIGNED 3/31/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF APR 2-1953
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
LOCATION (City, town, or county) CATONSVILLE (State) MD

DATE REC'D BY LOCAL REG. 4/2/53
REGISTRAR'S SIGNATURE A. K. Hedrich M.D.

24. FUNERAL DIRECTOR ADDRESS ULLRICH FUNERAL HOME 2005 ORLEANS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]657

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The street address is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 503 S. East Avenue

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) P. (Last) MERRYMAN

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-4-91

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Veneer Mill Worker

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John W. Merryman

14. MOTHER'S MAIDEN NAME: Catherine Stiemetz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 220-03-3026

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) CARCINOMA OF HEAD OF PANCREAS — Interval Between Onset And Death: 8 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from March 1, 19 53, to March 24, 1953, ~~[illegible]~~ saw the deceased ~~[illegible]~~ and that death occurred at 7:20 P.M., from the causes and on the date stated above.

WILLIAM B. VANDEGRIFT, M. D. (Degree or title) — VAH, FORT HOWARD, MARYLAND (ADDRESS) — 3-25-53 (DATE SIGNED)

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-27-53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3/26/53 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Rd. Baltimore, Md.

[signature] J. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ARBUTUS
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 925 LEEDS AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
STREET ADDRESS (If rural, give location) 925 LEEDS AVE.

3. NAME OF DECEASED: (Type or Print) (First) PETER (Middle) M. (Last) MICHAEL

4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: APRIL 17, 1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MEAT ROBBER

10b. KIND OF BUSINESS OR INDUSTRY: WHOLESALE-SELF-EMP.

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: PETER M. MICHAEL

14. MOTHER'S MAIDEN NAME: MARGARET RIST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mrs. Charles Lawson - 925 Leeds Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

157X

Immediate cause (a) Carcinoma Pancreas and Liver — Interval Between Onset and Death: 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Jaundice, Obstruction — 4 wks.

DUE TO #(b). (c)

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1953 to March 17, 1953, that I last saw the deceased alive on March 17, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
A Bradley Daugharthy MD 1629 Francis Ave Baltimore 27 Md. 3-19-53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF 3-20-53 — NAME OF CEMETERY OR CREMATORY London Park — LOCATION (City, town, or county) Balto. — (State) Md.

DATE REC'D BY LOCAL REG. Mar 23 53 — REGISTRAR'S SIGNATURE E. Kieffer

24. FUNERAL DIRECTOR George P. Farley - Catonsville, Md. — ADDRESS

RECEIVED
MAR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. Form 5

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown; LENGTH OF STAY (in this place) 54 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown; STREET ADDRESS (If rural, give location) Liberty Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Migan

4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Jan 27-1867

9. AGE last birthday: 86 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Baltimore Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Migan

14. MOTHER'S MAIDEN NAME: Catherine Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT — AND ADDRESS: Albert F. Migan Randallstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & hypertension (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/27/53, to 3/28/53, that I last saw the deceased alive on 3/28/53, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E. Martin M.D. Randallstown Md 3/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3-31-1953

NAME OF CEMETERY OR CREMATORY Holy Family

LOCATION (City, town, or county) (State) Towsonville, Md

DATE REC'D BY LOCAL REG. 3/24/53

REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR ADDRESS Frank H. Yurell Pikesville 8, Md.

2

RECEIVED
APR 9 19
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3006 Hiss Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 3006 Hiss Avenue

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) J. (Last) Miller

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: June 24, 1896

9. AGE last birthday: 56 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George F. Miller

14. MOTHER'S MAIDEN NAME: Elizabeth Shipler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Lawrence Miller, 3006 Hiss Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 14 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Edema — 4 hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1953, to March 9, 1953, that I last saw the deceased alive on March 9, 1953, and that death occurred at 5:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold A Burns M.D. 8106 Harford Rd March 10 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Mar. 10 53

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 3/11/53

REGISTRAR'S SIGNATURE: J. M. Hedrick Jr

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road.

VS. A15

Dr. Burns
2823 Linwood Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Baltimore Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cross Rd. Perry HALL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural give location) Cross Rd. Perry HALL.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) E (Last) MoHR

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 8TH 1872

9. AGE last birthday: 81 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): BALTO. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: STEVEN HAUT

14. MOTHER'S MAIDEN NAME: Bayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT: MRS Joseph. WINKLER. JR.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency — Interval Between Onset and Death: 2 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio-Sclerosis — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to March 16 1953, that I last saw the deceased alive on March 13, 1953, and that death occurred at 10:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward Deacon ADDRESS 111 Overlea Ave DATE SIGNED 3/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE 3/19/53 — NAME OF CEMETERY OR CREMATORY: ST. Joseph's Cem. — LOCATION (City, town, or county) (State): BALTO Co. MD

DATE REC'D BY LOCAL REG. 3/18/53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: JASSAHN FUNERAL Home. ADDRESS 7404 BELAIR Rd.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

Dr. Edw Swanson
1.W Overlook Ave.

APR 7 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2662)

CERTIFICATE OF DEATH (B-)

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): VAH, Ft. Howard, Md.
LENGTH OF STAY (in this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp., Ft.Howard, Md.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1117 N. Calvert Street

3. NAME OF DECEASED: (First) OSCAR (Middle) L (Last) MULLINS
4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	10-23-09	43 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Painter	Bethlehem Ship Yard	Pikesville, Ken	USA

13. FATHER'S NAME: Lindsey Mullins
14. MOTHER'S MAIDEN NAME: Eliza Mays

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW-II	404 14 2853	Clin.Rec., Vet.Adm.Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
141 X Immediate cause	(a) ASPHYXIATION BY ASPIRATION	40 minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) CARCINOMA OF TONGUE	Unknown
	DUE TO (c) CARCINOMA OF LUNG	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3/17/53	Tracheotomy	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
VA m.		

22. I hereby certify that I attended the deceased from Mar. 15, 1953 to Mar. 17, 1953, [illegible] and that death occurred at 5:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] — ADDRESS: V.A.H, Fort Howard, Md. — DATE SIGNED: 3/19/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/20/53 — NAME OF CEMETERY OR CREMATORY: Baltimore [illegible] — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 3/19/53 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: William Cook, Inc. — ADDRESS: 1217 St. Paul Street, Baltimore, Md.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boring
LENGTH OF STAY (In this place) 63
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Hanover Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boring, Md.
STREET ADDRESS (If rural, give location) Old Hanover Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Walter (Last) Myers

4. DATE OF DEATH: (Month) March (Day) 30, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 7, 1889

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone mason for contractor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Boring, Baltimore Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Kinza B Myers

14. MOTHER'S MAIDEN NAME: Mary Catherine Rawlings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-07-7146

17. INFORMANT AND ADDRESS: Mary E. Myers, Boring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis - decompensating	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertrophic arthritis	10 yrs.
	(c)	

422.1
003X1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis Suspected

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1930, to Mar 30, 1953, that I last saw the deceased alive on 3/30/1953 and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Allen A. Griffith M.D. Reisterstown Md 3-31-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: April 2/53

NAME OF CEMETERY OR CREMATORY: St. Paul Luthern

LOCATION (City, town, or county) (State): Upperco, Md.

DATE REC'D BY LOCAL REG. 3-31-53

REGISTRAR'S SIGNATURE: Mary B Eline.

24. FUNERAL DIRECTOR ADDRESS: J. F. Eline & Sons, Reisterstown, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BURDEN [redacted] VED FOR RECORDING

APR 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Balto. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 36 N. Prospect Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

STREET ADDRESS (If rural, give location) 36 N. Prospect Ave.

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) A. (Last) Neal

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W. Dow

8. DATE OF BIRTH: Jan. 13, 1876

9. AGE last birthday: 77 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Self. Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Florida A. Edwards

14. MOTHER'S MAIDEN NAME: Elizabeth —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT'S ADDRESS: Charles H. Neal - 36 N. Prospect Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

174X

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 30 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardio-Vascular Renal Disease — 6 yrs?

DUE TO

(c) Carcinoma of Uterus — 1 yr?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8.10 19.47 to 3.19 19.53, that I last saw the deceased alive on 3.19 19.53, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE George E Urban (DEGREE OR TITLE) M.D. ADDRESS 805 Dred Ore 28 Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3-21-53

NAME OF CEMETERY OR CREMATORY Rosedale Cem.

LOCATION (City, town, or county) (State) Rockville Virginia

DATE REC'D BY LOCAL REG. 3/21/53

REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR George A Tuley Catonsville, Md ADDRESS

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson Sta. — LENGTH OF STAY (In this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 303 Sollers Pt Rd
STREET ADDRESS (If rural, give location) Patto Co. 2 2 Md

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) (Last) Neal
4. DATE OF DEATH: (Month) March (Day) 9th (Year) 1953

5. SEX M
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 11-27-86
9. AGE last birthday 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Steel mills
11. BIRTHPLACE (State or foreign country) Laplata Chas. Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Neal
14. MOTHER'S MAIDEN NAME Adeline Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-09-0037
17. INFORMANT AND ADDRESS Ella Neal, 303 Sollers Pt. Rd. Dundalk 22, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Cerebral apoplexy — Interval between onset and death: 6 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 3/9/53 19....., that I last saw the deceased alive on 3/9/53 19....., and that death occurred at 5 A.M., from the causes and on the date stated above.
SIGNATURE: J. A. Kurrie M.D. (Degree or title) ADDRESS: March 9/53 DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF: 3/11/53
NAME OF CEMETERY OR CREMATORY: Mt. Calvary
LOCATION (City, town, or county) (State): AA Co., Md.

DATE REC'D BY LOCAL REG. 3/9/53
REGISTRAR'S SIGNATURE: O. M. Hedrick
24. FUNERAL DIRECTOR: Charles K. Law — ADDRESS: 802 Madison Ave.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]66

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2659 Purnell Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) 2659 Purnell Drive

3. NAME OF DECEASED: (First) FRANCIS (Middle) B. (Last) NEEFF
4. DATE OF DEATH: (Month) Mar. (Day) 28 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
male	white	widowed	Jan. 29, 1868	85 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11 BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
owner Mfgr. Rtd	Furniture	Pennsylvania	

13. FATHER'S NAME: John Neeff
14. MOTHER'S MAIDEN NAME: S - Barlow

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
none	213-14-5643	Mr. Earle Neef - 2659 Purnell Drive, Woodlawn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1 Immediate cause (a) Coronary Occlusion — 3 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized Arteriosclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-, 1952, to 3-27, 1953, that I last saw the deceased alive on 3-27, 1953, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Earl Thos F Calvert ADDRESS 4509 Liberty Heights Balto 7 DATE SIGNED 3-31-53

23. BURIAL, CREMATION, REMOVAL? (Specify) Removal DATE THEREOF 3/31/53 NAME OF CEMETERY OR CREMATORY Union Cem. LOCATION (City, town, or county) Dallastown, Pa. (State)

DATE REC'D BY LOCAL REGISTRAR 3/31/53 REGISTRAR'S SIGNATURE [illegible] ✓ NT

24. FUNERAL DIRECTOR Wm. J. Pickner & Sons ADDRESS Balto 17, Md.

VS. A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]667

CERTIFICATE OF DEATH Bc

Reg. Dist. No. ....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard,
LENGTH OF STAY (in this place) 66 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1218 Bloomingdale Road

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (NMI) (Last) NIXON

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6/3/26

9. AGE Last birthday: 26 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machine Helper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Eastover, S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Nixon

14. MOTHER'S MAIDEN NAME: Carrie Reise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 249-40-7226

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571X

Immediate cause (a) NEPHRITIS, ACUTE EXACERBATION, CHRONIC

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) .....

DUE TO

(c)

Interval Between Onset And Death: Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan. 6, 1953, to March 13, 1953, [illegible] and that death occurred at 1:45 A.M., from the causes and on the date stated above.

SIGNATURE F.G. Dickey (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M.D. Chief, Medical Service VAH, Fort Howard, Md. 3/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/14/53

NAME OF CEMETERY OR CREMATORY Goodwill Cemetery

LOCATION (City, town, or county) (State) Eastover, South Carolina

DATE REC'D BY LOCAL REGISTRAR March 14 1953

REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR ADDRESS Arlington S. Phillips, 1808 N. Monroe St. Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ages especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]68

CERTIFICATE OF DEATH

Reg. Dist. No. ..

1. NAME OF DECEASED (Type or Print): Joseph Novak

2. DATE OF DEATH: March 23/1953

3. PLACE OF DEATH:
A. Baltimore City/Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Catonsville Convalescent Home
C. Length of stay in Baltimore: Lifetime Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission):
A. STATE: Maryland
B. COUNTY: Baltimore Md
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township):
D. STREET ADDRESS (If rural, give location): 1431 Andre St

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 29
9. AGE (In years last birthday): 68
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL: 215-03-8931
17. INFORMANT ADDRESS:

MEDICAL CERTIFICATION

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
DUE TO
332X ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) .....
DUE TO
(C) Arteriosclerosis, Generalized

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 20, 1951, *to* March 23, 1953, *that I last saw the deceased alive on* March, 1953 *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Stephen Lee Magness M. D.
23B. ADDRESS: 32 E. Lexington St
23C. DATE SIGNED: 3-24-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/26/53
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR: 3/25
REGISTRAR'S SIGNATURE: J. C. Hardesty
25. FUNERAL DIRECTOR: Chas. F. Dell
ADDRESS: 150 E. Fort

PLEASE WRITE PLAINLY, WITH UNG INK. Every item of information should be carefully supplied. correct age is especially important. Ins: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

IN RESERVED FOR BINDING

rrect

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND — LENGTH OF STAY (In this place) 2 yrs.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Inn River
HOSPITAL OR INSTITUTION OR STREET ADDRESS RR 294 Zender Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Melvin. (Last) Opocensky
4. DATE OF DEATH: (Month) Mar (Day) 13 (Year) 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/13/1886
9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Tailor
11. BIRTHPLACE (State or foreign country): Czechoslovania
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: George O Opocensky.
14. MOTHER'S MAIDEN NAME: Mary ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-22-9650A
17. INFORMANT AND ADDRESS: Adeline A. Opocensky.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X **Immediate cause** (a) Cerebral Hemorrhage — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Paraplegia in 1944 + also

(c) — July 13/1951. with paralysis L side

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF ~~INJURY~~ (Month) (Day) (Year) (Hour): Mar 13 1953 4 PM — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title): J. McCarmine M.D. — ADDRESS: Retired Trauma Dundalk — DATE SIGNED: 3/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3-16-53 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetary — LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG.: 3-12-53 — REGISTRAR'S SIGNATURE: — 24. FUNERAL DIRECTOR AND ADDRESS: J Brizendine 1407 Eastern Ave Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (12670)

CERTIFICATE OF DEATH (32) Reg. Dist. No. . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ages especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Md.
LENGTH OF STAY (in this place) 20 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1815 Orleans Street

3. NAME OF DECEASED: (Type or Print) (First) WESLEY (Middle) (NMI) (Last) PALMER

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/8/94

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Yard

11. BIRTHPLACE (State or foreign country): Sanford, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Palmer

14. MOTHER'S MAIDEN NAME: Catherine Reese

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

443X
Immediate cause (a) HYPERTENSIVE CARDIOVASCULAR DISEASE — Unknown
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from March 12 1953, to March 12, 1953, [illegible] and that death occurred at 7:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William B. VanDegrift, M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 3/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/14/53 NAME OF CEMETERY OR CREMATORY Newhope Cemetery LOCATION (City, town, or county) Sanford, N.C. (State)

DATE REC'D BY LOCAL REGISTRAR March 14 1953 REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR ADDRESS Arlington S. Phillips, 1808 N. Monroe St. Baltimore, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Owings Mills
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills
LENGTH OF STAY (in this place) 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 223 Elizabeth Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Virginia (Last) Parsons
4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	single	9-10-1923	29 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
inmate	none	Maryland	U.S.

13. FATHER'S NAME: James H. Parsons
14. MOTHER'S MAIDEN NAME: Manie Niblett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO:	17. INFORMANT & ADDRESS:
no		none	Institution records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

754.4 Immediate cause (a) Acute cardiac failure — 2½ hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Congenital heart disease

DUE TO (c) Mongolism

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19 ,19 53, to 3-19 , 19 53, that I last saw the deceased alive on 3-19 , 19 53, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Viola Barrett Johns M.D., Rosewood State Tr. School, Owings Mills, Md. 3-19-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-22-53	Christy Church	Salisbury Md.

DATE REC'D BY LOCAL REGISTRAR: Mch 20 53 REGISTRAR'S SIGNATURE: Ora Elliott
24. FUNERAL DIRECTOR: Holloway Co. ADDRESS: Salisbury Md.

VS. 7-10

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN — LENGTH OF STAY (in this place) 33 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS LIBERTY ROAD —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN —
STREET ADDRESS (If rural, give location) LIBERTY ROAD.

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) E. (Last) PERRINE

4. DATE OF DEATH: (Month) MARCH (Day) 23 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: APRIL 1-1873

9. AGE last birthday: 79 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE COUNTY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN OURSLER

14. MOTHER'S MAIDEN NAME: LOUISA EHLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS: MR. SAMUEL PERRINE - RANDALLSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	3 DAYS
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIO-VASCULAR	
	(c) DISEASE & RENAL INVOLVEMENT	15 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR. 19, 1953, to MAR. 23, 1953, that I last saw the deceased alive on MAR 23 1953, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edwin E. Wheeler MD. — ADDRESS Randallstown Md. — DATE SIGNED 3-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-26-53 — NAME OF CEMETERY OR CREMATORY Wards Chapel — LOCATION (City, town, or county) Liberty Rd. - Balto. - (State) Md.

DATE REC'D BY LOCAL REG. March 24, 1953 — REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR Wm. J. Haight — ADDRESS Reisterstown, Md.

Wm. J. Haight

RECEIVED
APR 9
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-5

1. PLACE OF DEATH: COUNTY Baltimore, Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gray Manor
LENGTH OF STAY (In this place) 1Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22Lombardy Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lundalk
STREET ADDRESS (If rural, give location) 22Lombardy Drive

3. NAME OF DECEASED (Type or Print): (First) Geneva (Middle) P. (Last) Peters
4. DATE OF DEATH: (Month) March (Day) 1. (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov 4 1903
9. AGE last birthday: 49 yrs.
If under 1 year: Months 3 Days 26 | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Char Women
10b. KIND OF BUSINESS OR INDUSTRY: Schools
11. BIRTHPLACE (State or foreign country): Wilson N. Carolina
12. CITIZEN OF WHAT COUNTRY: Balto. Co.
13. FATHER'S NAME: John R. Hayes
14. MOTHER'S MAIDEN NAME: Lula Grice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-16-6533
17. INFORMANT: Mrs. Alice Bavata 22 Lombardy Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

5 x 1.0 Immediate cause (a) Carcinoma of Lung

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1952, to March, 1953, that I last saw the deceased alive on March, 1953, and that death occurred at 6:35 m., from the causes and on the date stated above.

SIGNATURE Milton Isaacs M.D. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3-5-1953 | NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery | LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 3/5/53 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Elmer W. Conklin | ADDRESS 5444 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02671

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Balto. LENGTH OF STAY (In this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 33 Henry ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural, give location) 2 Lorski

3. NAME OF DECEASED (Type or Print): (First) Audrey (Middle) Joseph (Last) Pilarski.

4. DATE OF DEATH: (Month) Mar (Day) 22 (Year) 1953

5. SEX: Male. | 6. COLOR OR RACE: White. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow. | 8. DATE OF BIRTH: Jan 3 1882 | 9. AGE last birthday: 71. yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired R.R. | 10b. KIND OF BUSINESS OR INDUSTRY: Laborer. | 11. BIRTHPLACE (State or foreign country): Baltimore City. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Pilarski | 14. MOTHER'S MAIDEN NAME: Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No.: 213-30-8428 | 17. INTERMENT AND ADDRESS: Albert Lawn Pilarski.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 hrs.

Immediate cause (a) Coronary occlusion. — Interval between onset and death: Months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 22 1953 11 am | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

J. M. Learmonth M.D. Pathologist Medical Examiner Balto. Co. Dundalk 22 Md 3/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: MAR 25 1953 | NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER CEM | LOCATION (City, town, or county): 4436 BELAIR RD | (State): MD

DATE REC'D BY LOCAL REG. 3/23/53 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Dobbel Bro | ADDRESS: 7110 BELAIR RD.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville
LENGTH OF STAY (in this place): 66 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sherwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville
STREET ADDRESS (If rural, give location): Sherwood Road

3. NAME OF DECEASED (Type or Print): (First) Emily (Middle) Folger (Last) Pindell

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 26 October 1884

9. AGE: 68 yrs. (birthday) — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Cockeysville, Balt. Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Herbert Buck

14. MOTHER'S MAIDEN NAME: Sarah Jane Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Elizabeth Phillips - daughter — same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4

Immediate cause (a) Pulmonary Embolus — Interval Between Onset and Death: 10 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Phlebitis - leg Lower leg. — 2 wks

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Hypertension

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 49, to March, 19 53, that I last saw the deceased alive on 7 March, 1953, and that death occurred at 5:40 P m., from the causes and on the date stated above.

SIGNATURE: Walter T. Ives (Degree or title) M D. ADDRESS: Cockeysville Md DATE SIGNED: 9 March 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/12/53

NAME OF CEMETERY OR CREMATORY: Druid Ridge

LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 3/11/53

REGISTRAR'S SIGNATURE: A. R. Hedges Jr

24. FUNERAL DIRECTOR: H. O. Meades and Son ADDRESS: 805 N. Calvert St.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 1 yrs. 6 mos. 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 317 South Union ✓

3. NAME OF DECEASED (Type or Print) (First) Sadie (Middle) (Last) Preston

4. DATE OF DEATH (Month) March (Day) 17, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 11-20-1876

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Patrick O'Neil

14. MOTHER'S MAIDEN NAME: Rose Mooney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease

(c) Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ( ), Inspection ( ), Inquiry (✓) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes (✓) accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Leo V. Kieffer MD Captured Eden Bldg 1010 Lexington Ave Dec 18 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3/21/53

NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cem.

LOCATION (City, town, or county) (State): Harford County Md.

DATE REC'D BY LOCAL REG. 3/19/53

REGISTRAR'S SIGNATURE: A. W. Fredrick

24. FUNERAL DIRECTOR: Pennington & Son

ADDRESS: Havre de Grace

VS. A15A

Items 13,14 Fin. 152 3/19/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15 8-53

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Pr Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Seat Pleasant
STREET ADDRESS (If rural, give location): 508 71 St. ✓

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) H. (Last) Pumphrey

4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rupert Pumphrey

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UK (If Yes, give war or dates of service) & R

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosc. C-V Dis. & Pulmonary Atelectasis
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

4422.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11 19[illegible] to 3/12 19[illegible], that I last saw the deceased alive on 3/11 19[illegible], and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Joseph D. Lichtenberg (M.D.) Spring Grove St. Hosp. 3/12/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/14/53 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem. — LOCATION (City, town, or county) (State): Washington DC.

DATE REC'D BY LOCAL REG. 3-13-53 — REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR H. H. Chambers Co. — ADDRESS 517-11 21st SE. Washington DC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The accuracy is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 424 REGESTER AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural give location) 424 REGISTER AVE

3. NAME OF DECEASED: (Type or Print) (First) JENNIE (Middle) (Last) QUIDAS

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: DEC. 27, 1890

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JAMES ESPINALL

14. MOTHER'S MAIDEN NAME: MARY ANN ROBERTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-01-1185

17. INFORMANT & ADDRESS. CLARENCE M. QUIDAS SAME

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Bronchial Asthma — 20 yrs.

DUE TO (c) Hypertension — 15 yrs

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1950, to March 27, 1953, that I last saw the deceased alive on March 25, 1953, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clarence E. O'Donnell MD 7501 York Rd, Towson Md. 3/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 3-30-1953

NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL

LOCATION (City, town, or county) BALTO. Co. (State) MD.

DATE RECEIVED BY LOCAL REGISTRAR mar. 28, 1953

REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR H.W. JENKINS & SONS Co.

ADDRESS 4905 YORK RD. BALTO., MD.

VS. A1[illegible]

RECEIVED
MAR 30 1953
BUREAU OF

Item 7 FilmG152 3/16/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville Post
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 56" Falls Strip Mill B.A.Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 5
STREET ADDRESS (If rural, give location) 927 Alricks Way. ✓

3. NAME OF DECEASED (Type or Print): (First) Harold (Middle) (Last) Rader
4. DATE OF DEATH: (Month) 3 (Day) 10 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	W	married		37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Track operator
10b. KIND OF BUSINESS OR INDUSTRY: B&O. Rail Road Co.
11. BIRTHPLACE (State or foreign country): Akron, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George M. Rader
14. MOTHER'S MAIDEN NAME: Rella Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Arvilla Rader-927 Alricks Way-5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion.	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Vascular Heart disease.	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) 3 (Day) 10 (Year) 1953 (Hour) 4½ p.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED
J. T. McCarmine M.D. Baltimore Co. Deputy Medical Examiner Dundalk 22 Md. 3/10/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 14, 1953	Mount Olive	Parkersburg, West Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/16/53	G. L. Hedrick	HENRY SANDER & SONS, INC	North Ave & Broadway 17 Md.

Reg. P. Saunders

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE—WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Owings Mills
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1728 Reisterstown Rd.

3. NAME OF DECEASED (Type or Print): (First) Deborah (Middle) Ann (Last) Raver

4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1-2-53

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 2, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): patient

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harry Ellsworth Raver, Jr.

14. MOTHER'S MAIDEN NAME: Barbara Ann Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Institution records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hydrocephalus — Interval Between Onset And Death: Congenital

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Meningocele- draining
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20 ..., 19 53, to 3-21 ..., 19 53, that I last saw the deceased alive on 3-20 ..., 19 53, and that death occurred at 12:28 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar 23/53 — NAME OF CEMETERY OR CREMATORY: Woodlawn — LOCATION (City, town, or county) (State): Woodlawn, Md

DATE REC'D BY LOCAL REGISTRAR: 3/21/53 — REGISTRAR'S SIGNATURE: R.W. — 24. FUNERAL DIRECTOR: Austin E. Donovan — ADDRESS: 3816 Poland Ave

2013-1405

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rogers Forges | LENGTH OF STAY (In this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 616 Register Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rogers Forge
STREET ADDRESS (If rural, give location): 616 Register Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	G.	Reilly	3	17	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	5-13-1871	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper	Red Cross	Baltimore, Md.	USA

13. FATHER'S NAME: William P. Reilly
14. MOTHER'S MAIDEN NAME: Mary R. Byrne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.		Margaret Reilly 616 Register Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442x

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible] to March 17, 19[illegible], that I last saw the deceased alive on March 17, 1953 and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-21-53	New Cathedral	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/20/53	C. W. Boone	Chas F. Evans & Son 110 W. Mt. Royal Ave.

VS. A16

RECEIVED
MAR 23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville Md. | LENGTH OF STAY (In this place) 14yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville Rural
STREET ADDRESS (If rural give location) Jerusalem Mills

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Edward	Remines Jr	March	2	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept. 11, 1915	37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter, Spray	U.S. Govt.	Virginia	U.S.

13. FATHER'S NAME: William E. Remines Sr
14. MOTHER'S MAIDEN NAME: Corbie Cornwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	WWII	227-05-9846	Amanda L. Remines, Kingsville RD. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart Disease - Coronary Occlusion	1½ hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Mar. 2, 1953, 9:32 p.m. to Mar 2, 1953, 9:55 p.m., that I last saw the deceased alive on Mar 2, 1953 and that death occurred at 9:55 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Rachel H. McClinton	M.D	O.K. by Dr. Roland Hudson	Mar 3. 1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Mar. 5, 1953	Emmorton Baptist	Bel Air Hoyd	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 7-1953	C. E. Cuthen D-Local Reg.	Howard R. McComas & Son	Abingdon Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the uses of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
LENGTH OF STAY (in this place) 27 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1530 Rolling Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
STREET ADDRESS (If rural give location) 1530 Rolling Rd.

3. NAME OF DECEASED: (Type or Print) (First) Levi (Middle) (Last) Rice

4. DATE OF DEATH: (Month) (Day) (Year) 3/20/53 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 6/30/1865

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Home Builder

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Rice

14. MOTHER'S MAIDEN NAME: Robinson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Ralph Wheeler, 1530 Rolling Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebro vascular accident — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO Hypertensive A. & L. C. V. D.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2, 1953, to 3/20, 1953, that I last saw the deceased alive on 3/20, 1953 and that death occurred at 6:20 A.M., from the causes and on the date stated above.

SIGNATURE John C Healy (Degree or title) MD ADDRESS 1605 Rolling Rd DATE SIGNED 3/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/24/53

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REGISTRAR Mar 25 53

REGISTRAR'S SIGNATURE E. Kieffer

24. FUNERAL DIRECTOR MacNabb & Son, ADDRESS Catonsville 28

VS. A15

RECEIVED
MAR 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02684

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5221 Old Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 5221 Old Frederick Road

3. NAME OF DECEASED: (Type or Print) (First) Warren (Middle) M. (Last) Richards

4. DATE OF DEATH: (Month) Mar (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 12, 1897

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Marker

10b. KIND OF BUSINESS OR INDUSTRY: Delivery of Balto.

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George T. Richards

14. MOTHER'S MAIDEN NAME: Elizabeth Einwachter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Louise T. Richards, 5221 Old Frederick Rd. Cat. 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertension, Arterial

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac failure

DUE TO

(c)

Interval between Onset And Death

4 yrs

3 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 47 to 3/11, 1953, that I last saw the deceased alive on 3/11, 1953, and that death occurred at 3:40 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Ellerson M.D. ADDRESS 3534 Edmondson Ave DATE SIGNED 3/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF March 16/53

NAME OF CEMETERY OR CREMATORY New Cathedral

LOCATION (City, town, or county) Baltimore 29, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 3/13/53

REGISTRAR'S SIGNATURE C. M. Hedrick

24. FUNERAL DIRECTOR Harry H. Whitfield ADDRESS 4101 Edmondson Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 5 mos. 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4209 Kensington Road

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Lee (Last) Robinson
4. DATE OF DEATH: (Month) March (Day) 18, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 6-24-1870
9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carman's helper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

904.7 **Immediate cause** (a) Acute cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cardio vascular disease
(c) Fracture left femur

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital
(CITY OR TOWN) Catonsville (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) Jan (Day) 31 (Year) 53 (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Unknown Fall at home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Geo M. Kiefer M.D. Asst Balto 1010 Cathedral Mch. 18 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/20/53
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 3/19/53
REGISTRAR'S SIGNATURE C. W. Adams
24. FUNERAL DIRECTOR ADDRESS Geo T Bayne Jr 512 Hollins St Balto 23 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH (2) Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills — LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 26
STREET ADDRESS (If rural, give location) 3402 Childs Court

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Marie (Last) Ruettinger
4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov. 23, 1927
9. AGE last birthday: 25 yrs. — If under 1 year: Months 3 Days 13 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): State
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Joseph C. Ruettinger
14. MOTHER'S MAIDEN NAME: Anna Marie Lubbehusen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Anna M. Ruettinger 3402 Childs Court

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Status epilepticus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epilepsy

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. ....., 1952, to Mar. 8, 1953, that I last saw the deceased alive on Mar. 3, 1953, and that death occurred at Rosewood m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Charles S. Ward M.D. | Rosewood Owings Mills, Md. |

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 3/12/53 | NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem. | LOCATION (City, town, or county) (State) 4430 Belair Rd.

DATE REC'D BY LOCAL REG. 3/10/53 | REGISTRAR'S SIGNATURE C. W. Hedrick | 26. FUNERAL DIRECTOR John J. Cowan & Son. | ADDRESS St. Pollins

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklinville
LENGTH OF STAY (in this place) 92yrs 2mos 10dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Upper Falls, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nearest Town Franklinville.
STREET ADDRESS (If rural, give location) address Upper Falls. Md.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Janette (Last) Rumsey.
4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan. 13. 1861
9. AGE last birthday: 92 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland - United States
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: John Beale Howard Rumsey
14. MOTHER'S MAIDEN NAME: Frances Eunice Evans.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Family Records (family) (Franklinville) Upper Falls Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4'

Immediate cause (a) Chronic myocarditis — Interval Between Onset and Death: 2yrs.+

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile changes with cachexia — 3yrs+

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dr. Clifford Hudson, 1949., to Mar. 21., 1953., that he last saw the deceased alive on Mar. 21., 1953, and that death occurred at 6 45 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Isabel H. McClinton M.D.
ADDRESS: Kingsville Md.
DATE SIGNED: 9 20 am. Mar. 23 1953.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Mar. 25 1953
NAME OF CEMETERY OR CREMATORY: St. Stevens
LOCATION (City, town, or county) (State): Kingsville Balto Co Md

DATE REC'D BY LOCAL REG.: 3/25/53
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: [illegible] ADDRESS: 4905 York Rd

Not seen alive by me Coroner, Dr. Rollin Hudson Notified — Information given by telephone to Dr. Rollin Hudson. O.K. by him for me to sign Isabel H. McClinton

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct items especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1320 W. Lombard Street

3. NAME OF DECEASED: (First) JOHN (Middle) (NMI) (Last) RUSINOWICZ
4. DATE OF DEATH: (Month) March (Day) 12 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.
Male	White	Single	2-28-86	67 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Motsey Rusinowicz
14. MOTHER'S MAIDEN NAME: Annie (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) EMPYEMA OF GALL BLADDER	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb.12..,1953., to March12.., 19 53, [illegible] and that death occurred at 8:55 AM...., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
WILLIAM B. VANDEGRIFT, M. D.		VAH, FORT HOWARD, MARYLAND	3-12-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-13-53	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3/13/53
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR — ADDRESS: Frank Della Noce Funeral Home, 322 S. High Street, Baltimore, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02689

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2518 W. Baltimore Street

3. NAME OF DECEASED: (First) JAMES (Middle) J. (Last) RYAN Sr.
4. DATE OF DEATH: (Month) March (Day) 21 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 22, 1892	60 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: State of Md.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James J. Ryan
14. MOTHER'S MAIDEN NAME: Mary A. Coap

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: Unk.
17. INFORMANT & ADDRESS: Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) MYOCARDIAL INFARCTION	Unknown
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) GENERALIZED ARTERIOSCLEROSIS	Unknown
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 18, 1953, to March 21, 1953 and that death occurred at 7:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): PAUL F. RICHARDSON, M.D.
ADDRESS: VAH, Fort Howard, Md.
DATE SIGNED: 3/21/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/24/53
NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 3/23/53
REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR: Frank Cowan Funeral Director
ADDRESS: 901 W. Hollins. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 1 month 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: 1
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 809 Lenton Ave Zone 12

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) (Last) SCHNEIDER

4. DATE OF DEATH: (Month) 3 (Day) 15 (Year) 1953

5. SEX: m

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 12. 28. 1860

9. AGE last birthday: 92 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor of Buildings

10b. KIND OF BUSINESS OR INDUSTRY: COLLEGE

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mathias Schneider

14. MOTHER'S MAIDEN NAME: Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Blair P. Browne 809 Lenton Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal Pneumonia	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) advanced arteriosclerosis	unknown
	(c) Prostate hypertrophy, mild benign	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Dr. Gertrude J. Fleischmann M.D. | Spring Grove St. Hosp. | 3.15.53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 3-16-53 | NAME OF CEMETERY OR CREMATORY Cleveland | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR MAR 16 1953 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 24. FUNERAL DIRECTOR William J. Duckett Sons | ADDRESS

3-17-53 Victor Harry - emc — North & Pennsylvania Ave

COPY SENT TO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]91

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaywood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 201 Blenheim Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaywood
STREET ADDRESS (If rural give location) 201 Blenheim Rd.

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) CHARLES (Last) SCHNEIDER

4. DATE OF DEATH: (Month) Mar. (Day) 9 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 26, 1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Vice President

10b. KIND OF BUSINESS OR INDUSTRY: Shipping Agents

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: - Schneider

14. MOTHER'S MAIDEN NAME: Barbara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Lillian M. Schneider-201 Blenheim Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

14 x K

Immediate cause (a) Carcinomatosis, generalized — Interval Between Onset And Death: 8 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of throat — 1½ yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10 ,19 53, to 3/9 , 19 53, that I last saw the deceased alive on 3/8 , 19 53 and that death occurred at 12:45 PM from the causes and on the date stated above.

SIGNATURE Thomas R. Freeman (Degree or title) M.D. ADDRESS 11 W. 24th St. DATE SIGNED 3/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 3/12/53 — NAME OF CEMETERY OR CREMATORY Green Mount Crem. — LOCATION (City, town, or county, (State)) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 3/10/53 — REGISTRAR'S SIGNATURE A A Hedrick — 24. FUNERAL DIRECTOR Wm. J. Pickrodt & Sons — ADDRESS Balto 17, Md

VS. A15

02692

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Balto. — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 609 Coventry Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 609 Coventry Rd.

3. NAME OF DECEASED (Type or Print): (First) KATHERINE (Middle) C. (Last) SCHUCHHARDT

4. DATE OF DEATH: (Month) Mar. (Day) 15 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 7, 1870

9. AGE last birthday: 82 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Hilldorfer

14. MOTHER'S MAIDEN NAME: - Mühlhauser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. W. Jerome Tabling-609 Coventry Rd. Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X Immediate cause (a) Right Cerebral Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary and Bronchial emboli

19a. DATE OF OPERATION: 2-19-53

19b. MAJOR FINDINGS OF OPERATION: Pan-ophthalmitis (Left)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 19 53, to March 15, 19 53, that I last saw the deceased alive on March 15 19 53, and that death occurred at 11:35 A.m., from the causes and on the date stated above.

SIGNATURE: J N Wilson (Degree or title) ADDRESS: 617 W. 40th St. Balto., Md. DATE SIGNED: 3/15/53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF: 3/18/53
NAME OF CEMETERY OR CREMATORY: Balto. Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 3/16/53
REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Wm. J. Pickner & Sons ADDRESS: Balto 17, Md.

12693

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN UPPER CO
LENGTH OF STAY (in this place) 1 WEEK
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOLIDAY HOUSE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
STREET ADDRESS (If rural, give location) 1315 BIRCH AVE

3. NAME OF DECEASED (Type or Print): (First) ADAM (Middle) (Last) SCHWARTZ
4. DATE OF DEATH (Month) (Day) (Year): March 11 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	WIDOWED	Dec. 18, 1885	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTER	B. & O. RAILROAD	LITHUANIA	U.S.A.

13. FATHER'S NAME: LOUIS SCHWARTZ
14. MOTHER'S MAIDEN NAME: ANNA CRYSTELITE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
MARINE	705-09-1590	WALTER SCHWARTZ MT CARMEL, PA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 11, 1953, to MARCH 11, 1953, that I last saw the deceased alive on MARCH 11, 1953, and that death occurred at 11:55 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W H. Hoard	M.D.	Manchester, Md	3/12/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	3/16/53	WESTERN CEMETERY	BALTIMORE, MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 14 1953.	R.W.	Joseph T. Gordon 1328 Light St. Md.

VS. 7-15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) Twenty Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove, Catonsville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1720 Longwood Street, Balto 14

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
John	A.	SEIPPEL	3	20	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W	married	1.28.1880	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
newspaper route owner		Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George SEIPPEL	Caroline KOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
443X **Immediate cause**	(a) Luminal Bronchopneumonia	hrs.
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) advanced cardiovascular disease	unknown
	DUE TO	
	(c) hypertensive cardiovascular disease	unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis, Hypertension

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-28, 1953, to 3-20, 1953, that I last saw the deceased alive on 3-20, 1953, and that death occurred at 5:35 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Gertrude J. Fleischmann, Physician Spring Grove 3-20-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-23-1953	Loudon Park	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/23/53	Geo. Fedrick	G. Howard Strong 3207 W. North Ave.,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (95

CERTIFICATE OF DEATH

Reg. Dist. No. ... .

PLEASE WRITE PLAINLY, WITH INK. Every item of information should be carefully supplied. The correct age is especially important. Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Alice E.Self

2. DATE OF DEATH: Mar.2/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland 314 Mace Ave.(Essex)
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 314 Mace Ave. B. COUNTY Balto. Co.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex
D. STREET ADDRESS (If rural, give location) 314 Mace Ave. Essex Md.

c. Length of stay in Baltimore: 1yr (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Widow	Oct.26,1877	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	N.C.	

13. FATHER'S NAME: -- Hoocker

14. MOTHER'S MAIDEN NAME: ---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -- (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO ---

17. INFORMANT ADDRESS: Mr.Harry Self, 314 Mace Ave. Essex Md.

MEDICAL ON

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral thrombosis	1 wk.
DUE TO		10+
ANTECEDENT CAUSES	(B) Generalized arteriosclerosis	years.
DISEASE OR CONDITION GIVING RISE TO ABOVE CAUSE, IF ANY	(C)	

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1954 *to* March 2, 1953 *that I last saw the deceased alive on* March 1, 1953 *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Platt M. D. | 23B. ADDRESS: East. md. | 23C. DATE SIGNED: 3/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	Mar.3/53	White Stone Baptist Cem.	White Stone Va.

DATE RECEIVED BY LOCAL REGISTRAR: 3/3/53 | REGISTRAR'S SIGNATURE: Philip Herring Son | 25. FUNERAL DIRECTOR: Philip Herring Son | ADDRESS: 2024 Orleans St.31

VS 150

C. D. H.-L.-D. 53

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53-90

CERTIFICATE OF DEATH

pc Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 85 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2008 Portugal Street

3. NAME OF DECEASED: (First) WARREN (Middle) A. (Last) SHERMAN
4. DATE OF DEATH: (Month) March 4, (Day) (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	Single	9/1/21	31 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Cab Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Warren L/
14. MOTHER'S MAIDEN NAME: Sarah E. Heath

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	WWII & PL28	212-1609758	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) BILATERAL CYSTIC SQUAMOUS CELL CARCINOMA OF	16 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO LUNG	
	(b) DUE TO	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Dec. 9, 1952, to March 4, 1953 XXXXXXXXXXXXXXXXXXXX, and that death occurred at 6:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William B. VanDegrift, M.D. VAH, FORT HOWARD, MARYLAND 3/5/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-9-53	Baltimore	Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/9/53	U.U. Hedgick	Howard Blight Funeral Home	6009 Harford Rd. Baltimore, Md.
		Mildred T. Blight	

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
LENGTH OF STAY (In this place) 25
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6734 Holabird ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Dennis (Middle) (Last) Shiflett.

4. DATE OF DEATH: (Month) (Day) (Year) 3 - 2 - 53

5. SEX: Male

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: FEB 5-1910

9. AGE last birthday: 43 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOILER MAKER

10b. KIND OF BUSINESS OR INDUSTRY: SHIPYARD

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: KIRT SHIFLETT

14. MOTHER'S MAIDEN NAME: ICY SHIFLETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MRS. LENA SHIFLETT 6734 HOLABIRD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

322.0 **Immediate cause** (a) Acute Alcoholism

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 3 53 5P m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M Carmine M.D. Deputy Medical Examiner Balto Co. Dundalk 22 MD 3/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: MAR 5. 1953

NAME OF CEMETERY OR CREMATORY: OAK LAWN

LOCATION (City, town, or county) (State): COLGATE MD

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: ULLRICH FUNERAL HOME 2112 DUNDALK

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02698

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md.
LENGTH OF STAY (in this place) 52 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2011 E. North Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Oliver	Christian	Simonson	March 23, 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	10-17-90	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Inmate at school	for 52 yrs.	Baltimore, Md.	American

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Anton Simonson	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Institution records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491X

Immediate cause (a) Bilateral Broncho-pneumonia with

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiac failure DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 22 53., to March 23 19 53., that I last saw the deceased alive on March 23 19 53, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Dr. Viola B. Johns Viola B. Johns M.D.	Rosewood Training School	3-23-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 26, 1953	Rosewood Cem.	Owings Mills, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3-25-53	Mary B. Eline.	J.F.Eline & Sons, Reisterstown, Md.

VS. A15 8-52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 30 1953
BUREAU V. S

Item 14 FilmG152 4/6/53 whw

Dr. E. . Alessi

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore County
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2907 North Wind Road	STREET ADDRESS (If rural, give location) 2907 North Wind Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Howard	B.	Skinner, Sr.	March	27	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Nov. 16, 1891	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber - A. R. Ferguson Co.		Baltimore, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Skinner	Mary Ellen Waste

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
	215-10-0442	Mrs. Myrtle E. Skinner, 2907 North Wind

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmonary Edema	48 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	Dec. 5, 1952
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 5, 1952 to March 27, 1953, that I last saw the deceased alive on March 27, 1953, and that death occurred at 9.45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[signature] M.D	6217 Harford Rd	3/28/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-30-53	Moreland Mem. Park	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/30/53	[signature]	Leonard J. Ruck	Leonard J. Ruck, 5305 Harford Road.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vernon
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vernon
STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) Ray (Last) Slade

4. DATE OF DEATH: (Month) March (Day) 12. (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Jan. 13 1890

9. AGE Last birthday: 63 yrs. IF UNDER 1 YEAR: Months 1 Days 29 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping

11. BIRTHPLACE (State or foreign country): Balto Co Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Linthicum Armony

14. MOTHER'S MAIDEN NAME: Adeline Quigley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Elmer Slade, White Hall Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 1953

19b. MAJOR FINDINGS OF OPERATION: Generalized Carcinoma Gentis Abdomen

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 17 52, to Mar. 17 53, that I last saw the deceased alive on Mar. 17 1953 and that death occurred at 4:45 PM from the causes and on the date stated above.

SIGNATURE C. M. Frame (Degree or title) M.D. ADDRESS Parkton Md DATE SIGNED 3/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3-15-53 NAME OF CEMETERY OR CREMATORY Vernon LOCATION (City, town, or county) Vernon (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/14/53 REGISTRAR'S SIGNATURE Mrs Howard S. Mathews

24. FUNERAL DIRECTOR Martin & Hurley ADDRESS Jarrettsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

D 7011

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: DALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 131 BLOOMSBURY AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: M.D. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
STREET ADDRESS (If rural, give location): 131 BLOOMSBURY AVE.

3. NAME OF DECEASED: (Type or Print) (First) CLARISSA (Middle) (Last) SMITH

4. DATE OF DEATH: (Month) (Day) (Year) 3 - 17 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUG. 3, 1907

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET. SCHOOLTEACHER

10b. KIND OF BUSINESS OR INDUSTRY: BALTO. CITY

11. BIRTHPLACE (State or foreign country): M.D.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: SAMUEL C. BAKER

14. MOTHER'S MAIDEN NAME: CORA RIGDON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Edward A. Smith - 131 Bloomsbury Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

170X

Immediate cause (a) Carcinoma of breast with metastases — Interval Between Onset and Death: 9-12 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 11, 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of left breast with involvement of axillary glands

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from last ..., 19 52, to 17 March, 19 53, that I last saw the deceased alive on 16 March, 19 53, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE: John Smith Jr. (DEGREE OR TITLE) M. D. ADDRESS: 1118 St Paul St. Baltimore 2 Md DATE SIGNED: 3-18-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3-19-53

NAME OF CEMETERY OR CREMATORY: Balto. National

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 3/19/53

REGISTRAR'S SIGNATURE: W E Harris

24. FUNERAL DIRECTOR ADDRESS: George A. Farley - Catonsville, Md.

RECEIVED
MAR 23 1953
BUREAU V.L.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 702

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elmwood | LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 610 Elmwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elmwood
STREET ADDRESS (If rural, give location) 610 Elmwood Rd

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) M. (Last) Smith

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: March 18 1878 | 9. AGE last birthday: 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor by business | 10b. KIND OF BUSINESS OR INDUSTRY: Retired | 11. BIRTHPLACE (State or foreign country): Balto. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Smith | 14. MOTHER'S MAIDEN NAME: Helen A. Withey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. 182-28-5118A | 17. INFORMANT AND ADDRESS: J. Charles Smith 610 Elmwood Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

40 hrs

Immediate cause (a) Myocardial Infarction | Interval Between Onset and Death: 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Sclerosis | 5 yrs.

(c) Arteriosclerosis | 2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1953 to March 21, 1953, that I last saw the deceased alive on March 20, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE Edith Wagner (Degree or title) ADDRESS DATE SIGNED 3/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 3-24-53 | NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem | LOCATION (City, town, or county) (State): Eastern Rd Balto Co.

DATE REC'D BY LOCAL REG. 3-23-53 | REGISTRAR'S SIGNATURE: H. E. Pond | 24. FUNERAL DIRECTOR: Riggle Bros. | ADDRESS: 7110 Belair Rd

Died

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 7-52

1. PLACE OF DEATH: Baltimore
COUNTY Haelethrope — MARYLAND
CITY (If outside corporato limits write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1930 North East Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Haelethrope
STREET ADDRESS (If rural, give location) 1930 N. E. Ave.

3. NAME OF DECEASED: (First) Spencer (Middle) H. (Last) Smith
4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner
10b. KIND OF BUSINESS OR INDUSTRY: Private Homes
11. BIRTHPLACE (State or foreign country): Mathews Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Herbert Lewis 1930 North East Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
410 X
Immediate cause (a) Mitral Insufficiency
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arterio-sclerotic Heart Disease
DUE TO
(c) —
INTERVAL BETWEEN ONSET AND DEATH: (a) 6 mo-10 dy; (b) ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-4-, 19.52, to 3-13-, 19.53 that I last saw the deceased alive on 3-13-53 19....., and that death occurred at 1.00 A. m., from the causes and on the date stated above.

SIGNATURE AND (DEGREE OR TITLE) Edw. F. Mahoney M.D.
ADDRESS 57 Winters Lane Balto 28
DATE SIGNED 3/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE 3-17-53.
NAME OF CEMETERY OR CREMATORY First Baptist Church
LOCATION (City, town, or county) (State) Mathews Co. Va.

DATE REC'D BY LOCAL REG. 3-17-53
REGISTRAR'S SIGNATURE Geo. A. M. Tuffer — cmt
24. FUNERAL DIRECTOR Elroy L Wilson
ADDRESS 1000 Brantly Ln.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2701)

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: do.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arm
STREET ADDRESS (If rural give location): Longreen Pike

3. NAME OF DECEASED: (Type or Print) (First) WILBERT (Middle) E. (Last) SMITH

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-31-20

9. AGE last birthday: 32 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Linotype Operator

10b. KIND OF BUSINESS OR INDUSTRY: Printing

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Leonard Smith

14. MOTHER'S MAIDEN NAME: Ida Overman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5&7.2

Immediate cause — (a) NECROSIS OF BODY AND TAIL OF PANCREAS WITH

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO NECROTIZING ABSCESSES IN LESSER OMENTUM

(b) DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19, 1953, to March 23, 1953, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

(Signature) William B. Vandegrift (Degree or title) M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 3-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3-26-53

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3-24-53

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS:
Howard Blight Funeral Home
6009 Harford Road, Baltimore 14, Maryland
Dir. — Mildred T. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (10705)

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTimore 20; STREET ADDRESS (If rural give location) Box 361 Route 15

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) ELMER (Last) Smith

4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: JAN 15-1877

9. AGE Last birthday: 76 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: CONDUCTOR -

10b. KIND OF BUSINESS OR INDUSTRY: P.R.R-

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: SAMUEL SMITH

14. MOTHER'S MAIDEN NAME: CATherine

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-16-0807

17. INFORMANT & ADDRESS: Mr. WM. Geo. SMITH - Box 361 RT 15

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary Occlusion	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertensive A-S C-V disease	10 years
(260X)	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellatica

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/9, 1953, to 3/8, 1953, that I last saw the deceased alive on 3/6, 1953, and that death occurred at 7:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. Levin / Coloclny MD 45 6 Lemmon apt Balt 21 3/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 3/11/53; NAME OF CEMETERY OR CREMATORY Western Cem; LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 3/9/53; REGISTRAR'S SIGNATURE C. W. Hedrick; 24. FUNERAL DIRECTOR L. J. Ruck; ADDRESS 5305 Harford Rd

VS-A15

Items 13, 14: film J152 3-20-53 L

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 47

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 305 Hilton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 305 Hilton Ave.

3. NAME OF DECEASED (Type or Print): (First) HUNGERFORD (Middle) (Last) SMOOT

4. DATE OF DEATH: (Month) Mar. (Day) 6 (Year) 1953

5. SEX: ~~female~~ M

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Jan. 28, 1872

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days / If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Post Master (rtd)

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew J. Smoot, M.D.

14. MOTHER'S MAIDEN NAME: Nannie Wood Crain (Nannie Wood Crain)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. James A. Robertson-305 Hilton Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas. M. Kieffer	M.D.	Wm. Balto.	1010 Leadenhall Mch 6, 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/9/53	Mt. Rest Cem.	La Plata, Md.

DATE RECD BY LOCAL REG	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
Mch 7.53	Chas. M. Kieffer	Wm. J. Pickner & Sons	Balto 17, Md.

WRITE PLAINLY, WITH UNFADING INK in MARGIN ... is especially important. Physicians: please ... every item of information carefully. The correct ... the causes of death clearly and legibly

OR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02707 (X)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 34 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 2 S. Highland Avenue

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) F. (Last) STETKA SR.

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-5-96

9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Policeman (retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Stetka

14. MOTHER'S MAIDEN NAME: Jennie Zaris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 219-10-3494

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

581.0
Immediate cause (a) EXSANGUINATION IN GASTRO-INTESTINAL TRACT FROM — 2 days
DUE TO RUPTURED ESOPHAGEAL VARIX

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.
(b) CIRRHOSIS OF LIVER — unknown
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work [ ] Not While At Work [ ] — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 29, 19 53, to March 4, 19 53, that I last saw the deceased on [illegible], 19[illegible], and that death occurred at 4:15 AM., from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift — (Degree or title): M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 3-4-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-9-53 — NAME OF CEMETERY OR CREMATORY: Baltimore National CEM. — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3/6/53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Charles S. Zeiler Funeral Home, 901 S. Conkling Street, Baltimore, Md.

VS. A1E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 8824 Baker Geo.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; STREET ADDRESS (If rural, give location) 8824 Baker ave.

3. NAME OF DECEASED (Type or Print): (First) WANDA (Middle) STOLINS (Last)

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 16/17

9. AGE last birthday: 35 yrs. If under 1 yr. Months / Days; If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Salajczyk

14. MOTHER'S MAIDEN NAME: Cecilia Misinski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X **Immediate cause** (a) Pulmonary edema — Interval between onset and death: 36 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma cervix uteri — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 4-7-52

19b. MAJOR FINDINGS OF OPERATION: Squamous cell carcinoma cervix grade III

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/27, 19 53, to 3/23, 19 53, that I last saw the deceased alive on 3/23, 19 53, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J A Alessi MD 11 E Chase St - Balti-2 md - 3/24/

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 27/53 — NAME OF CEMETERY OR CREMATORY: Holy Rosary — LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY REG: 3/26/53 — REGISTRAR'S SIGNATURE: D W Redrick

24. FUNERAL DIRECTOR: Fred W. Gazewski — ADDRESS: 1930 Eastern Ave.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18( )7(19)

CERTIFICATE OF DEATH

Reg. Dist. No. 3F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Towson Nursing Home Chesapeake & Bosley Aves.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~ #4
STREET ADDRESS (If rural give location) 1845 Loch Shiel Rd.

3. NAME OF DECEASED: (Type or Print) (First) JAMIE (Middle) Y. (Last) STRAIN

4. DATE OF DEATH: (Month) Mar. (Day) 2 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: Aug. 27, 1886

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). Clerical

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't.

11. BIRTHPLACE (State or foreign country) North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John L. Dudley

14. MOTHER'S MAIDEN NAME: Anna Yopp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. J. D. Strain - 1845 Loch Shiel Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 4437 DUE TO Hypertensive cardio vascular disease — Interval Between Onset And Death 10 yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1953, to 3/2, 1953, that I last saw the deceased alive on 2/15, 1953, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE Gordon Grow (Degree or title) MD ADDRESS 5213 LOCH RAVEN BLVD DATE SIGNED 3/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) removal — DATE THEREOF 3/5/53 — NAME OF CEMETERY OR CREMATORY Oakdale Cem. — LOCATION (City, town, or county) (State) Wilmington, N. C.

DATE REC'D BY LOCAL REGISTRAR 3 — REGISTRAR'S SIGNATURE E W Parker — 24. FUNERAL DIRECTOR Wm. J. Pickrum & Sons — ADDRESS Route 17, Md.

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore County; 16 Fusting Ave. Catonsville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY none
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 308 Woodlawn Road ✓

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Warren (Last) Taylor
4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar. 29, 1859
9. AGE last birthday: 93 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Canned Goods Broker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Stamford, Conn.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Hiram H. Taylor
14. MOTHER'S MAIDEN NAME: Elizabeth Jane Prevost

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: John W. Taylor, Jr., 4515 Manordene Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis - Vascular Accident — Interval between onset and death: 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Generalized Arteriosclerosis — Interval between onset and death: Years
(c) Coronary Artery Disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1952, to 3/13, 1953, that I last saw the deceased alive on 3/12, 1953 and that death occurred at 1.50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James J. McLean M.D. ADDRESS: 6014 Edmondson Ave Catonsville Md. DATE SIGNED: 3/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 3 - 14 - 53
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: March 14 1953
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: John C. Mitchell & Sons, Inc.-1900 Eutaw Pl. Baltimore, Md.
ADDRESS: M B Mitchell

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Towson; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1006 Dulaney Valley

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1006 Dulaney Valley Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) T. (Last) Thomas

4. DATE OF DEATH: (Month) March (Day) 22nd (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 1, 1895

9. AGE last birthday: 57 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Fesmire

14. MOTHER'S MAIDEN NAME: Margaret Manoney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Charles W. Thomas, 1006 Dulaney Valley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral accident (left) — Interval between onset and death: 36 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Rheumatic heart disease
(c) Chronic myocarditis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt. hemiplegia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1946, to March 21, 1953, that I last saw the deceased alive on March 21, 1953 and that death occurred at 7:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. V. Harold M.D. 4706 Harford Road -14 March 22, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Mar. 1953

NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 3-23-53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Leonard J. Ruck

ADDRESS: 5305 Harford Road.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX — LENGTH OF STAY (in this place) 33 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 68 ADMIRAL BLVD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX (22)
STREET ADDRESS (If rural, give location) 68 ADMIRAL BLVD.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	WILLIAM	—	TINEY	3 —	17 —	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W.	WIDOWED	7-7-1870	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BAKER	FOOD	PENNA.	U.S.A.

13. FATHER'S NAME: HENRY TINEY — 14. MOTHER'S MAIDEN NAME: MARY CLARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO NO	219-01-0151	MRS CARL FELLOWS - DAUGHTER - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

410.1

Immediate cause (a) Heart disease with Left sided failure — 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic Valvular disease

(c) Severe Secondary anemia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept, 19 51, to 17 Mar, 19 53, that I last saw the deceased alive on 17 Mar, 19 53, and that death occurred at 11:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M D Essex Md 14 Jan 1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	3-20-53	OAK LAWN	BALTO. CO. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 19-1953	William M. Kelly	Walter Lupe Bradley	Glendale, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A5

RECEIVED
MAR 23 1953
BUREAU V. S.

Items 9 &18 Film G152 3-27-53 ams
Item 8 FilmG152 3/27/53 ws

22

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shawan Md
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Shawan Road

3. NAME OF DECEASED (Type or Print): (First) ETHEL (Middle) Colleen (Last) Viers

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Babe

8. DATE OF BIRTH: Sept. 21, 1953 49

9. AGE last birthday: 3 3 years yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Babe

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl H. Viers

14. MOTHER'S MAIDEN NAME: Lole Ray Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

500X Immediate cause (a) Acute Capillary Bronchitis — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: William V. Lovett (Degree or title) MD ADDRESS: Asst Medical Examiner DATE SIGNED: 3/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Mar. 2, 1953 NAME OF CEMETERY OR CREMATORY: Wallace & Wallace Funeral Home LOCATION (City, town, or county) (State): Ronceverte, W. Va.

DATE REC'D BY LOCAL REG.: 3 March 1953 REGISTRAR'S SIGNATURE: [signature] MacRae

24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland ADDRESS

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 71

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md — LENGTH OF STAY (in this place) 11 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camden N. J.
STREET ADDRESS (If rural, give location) 317 Broadway

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Edward (Last) Voshell Sr.

4. DATE OF DEATH: (Month) Mar. (Day) 25 (Year) 1953

5. SEX: Mall Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ ~~WIDOWED,~~ DIVORCED, (Specify):

8. DATE OF BIRTH: May 5- 1892

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months 11, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Odessa, Del.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles T. Voshell

14. MOTHER'S MAIDEN NAME: — Dolsen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 153-07-3125

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331 Immediate cause (a) Cerebral Vascular accident — Interval Between Onset and Death: 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Cerebral arteriosclerosis — Interval Between Onset and Death: about 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to Mar 25, 1953, that I last saw the deceased alive on Mar 24, 1953, and that death occurred at 1:25 P.M., from the causes and on the date stated above.

SIGNATURE Walter T. Ives (DEGREE OR TITLE) M D ADDRESS Cockeysville Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF Mar. 28-53 — NAME OF CEMETERY OR CREMATORY Druid Ridge — LOCATION (City, town, or county) Baltimore — (State) Md

DATE REC'D BY LOCAL REG. 3/26/53. — REGISTRAR'S SIGNATURE Laura M. Schroeder — M. FUNERAL DIRECTOR Wm. Cook, — ADDRESS St Paul & Preston St

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MAR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]715

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md.
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lower Marlboro
STREET ADDRESS (If rural give location) - -

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Spicknall (Last) Ward

4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	6-4-43	9 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
inmate	none	Maryland	U.S.

13. FATHER'S NAME: William George Ward

14. MOTHER'S MAIDEN NAME: Mildred E. Cox

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Institution Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
500X Immediate cause	(a) Acute Bronchitis with bronchial pneumonia	30 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Cardiac failure	8 hours
	(c) Mongolism	Congenital

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27 ,1953 , to 3-12- , 19 53, that I last saw the deceased alive on 3-12 , 19 53, and that death occurred at 4:20 A.M. , from the causes and on the date stated above.

SIGNATURE H. B. Butler M.D. (Degree or title)
ADDRESS Rosewood St. Tr. School
DATE SIGNED 3-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF May 14 1953 | NAME OF CEMETERY OR CREMATORY Lower Marlboro Cem. | LOCATION (City, town, or county) (State) Lower Marlboro, Md.

DATE REC'D BY LOCAL REGISTRAR 5/19/53 | REGISTRAR'S SIGNATURE U. A. Hedrick jr | 24. FUNERAL DIRECTOR ADDRESS Hutchins Funeral Home, Owings, Md.

VS AIF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (..716)

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 2011 N. Lexington St.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) Whalen / WARFIELD. (Last)

4. DATE OF DEATH: (Month) 3 (Day) 15 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Single	2-25-78	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Irresponsible - no study work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry W. Warfield
14. MOTHER'S MAIDEN NAME: Sarah Ellen Whalen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk, (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unk
17. INFORMANT & ADDRESS: Mary Cromwell, 10 Rolling Rd, Balto, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Arteriosclerosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Senility & Dehydration	
	DUE TO (c) Pneumonitis.	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-25, 19 52, to 3-15, 19 53, that I last saw the deceased alive on 3-15, 19 53, and that death occurred at 4 00 Pm., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Spring Grove Hospital, Catonsville, Md by J R Crown, M.D.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/17/53	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG. 3/16/53
REGISTRAR'S SIGNATURE a w Hedrick
24. FUNERAL DIRECTOR: Wm. J. Tubman & Sons ADDRESS Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1F

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Northington Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
STREET ADDRESS (If rural give location) Northington Ave.

3. NAME OF DECEASED: (First) Ida. (Middle) Rebecca (Last) Wheeler
4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Jan 1. 1869
9. AGE Last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: House
11. BIRTHPLACE (State or foreign country): Balto Co, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Skipper
14. MOTHER'S MAIDEN NAME: Elizabeth Gill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs John E. Wheeler, Glyndon, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death
Immediate cause (a) Chronic myocarditis — 1 yr.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis & V. Disease — 3 yrs.
DUE TO
(c)
422.1 (7 3.3)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured left hip — 2 wks.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home. (CITY OR TOWN) Glyndon. (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) Feb (Day) 20 (Year) '53 (Hour) 3 P.M.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Patient fell in floor due to age

22. I hereby certify that I attended the deceased from 2-2, 1953, to 3-7, 1953, that I last saw the deceased alive on 2-26, 1953, and that death occurred at 12:20 P.M., from the causes and on the date stated above.
SIGNATURE D. D. Caplan (Degree or title) M.D. ADDRESS Reisterstown, Md DATE SIGNED 3-7-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3-9-53
NAME OF CEMETERY OR CREMATORY: Bosley Methodist
LOCATION (City, town, or county) (State): Sparks, Md
DATE REC'D BY LOCAL REGISTRAR 3-7-53
REGISTRAR'S SIGNATURE Mary B. Elmo
24. FUNERAL DIRECTOR: L. Scott Brooks, Sparks, Md. ADDRESS

RECEIVED
MAR 10 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 10 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore

STREET ADDRESS (If rural give location): 4718 Hazelwood Avenue

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) GiLMore (Last) WHEELEY

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	12-24-91	61 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Chauffeur - Laborer	City of Balto	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME: Thomas Wheeley

14. MOTHER'S MAIDEN NAME: Ellen (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	WW I	Unknown	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF LEFT LUNG — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 19 53, to March 2, 19 53 that I last saw the deceased alive on [illegible] and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 3-3-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/5/53	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3/5/53

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Leonard J. Ruck Funeral Home

ADDRESS: 5305 Harford Road, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12719

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7250 MARTELL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK; STREET ADDRESS (If rural, give location) 7250 MARTELL AVE

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) BERNARD (Last) WHITNEY

4. DATE OF DEATH: (Month) MAR (Day) 19 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: DEC 25 1867

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIRE MAN - RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: FIRE DEPT.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WHITNEY

14. MOTHER'S MAIDEN NAME: DONT KNOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: MRS BETTY LOU WEBER 7250 MARTELL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) ARTERIO SCLEROTIC C.V. DISEASE — Interval Between Onset and Death: 2 WEEK

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 5, 1953, to Mar 19, 1953, that I last saw the deceased alive on Mar 18, 1953, and that death occurred at 11:15A m., from the causes and on the date stated above.

SIGNATURE: Stephen P. Machoniale (Degree or title) M.D. ADDRESS 6714 Holabird Ave DATE SIGNED 3/19/53

23. BURIAL CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: MAR 21 1953 | NAME OF CEMETERY OR CREMATORY: PARKWOOD | LOCATION (City, town, or county) (State): PARKVILLE MD

DATE REC'D BY LOCAL REG.: 3-21-1953 | REGISTRAR'S SIGNATURE: William M. Kelly

24. FUNERAL DIRECTOR ADDRESS: ULLRICH FUNERAL HOME 2112 DUNDALK

March

RECEIVED
MAR 24 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex, Balto.
LENGTH OF STAY (In this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 380 Thompson Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural, give location) 380 Thompson Blvd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Hillman (Last) Wilson

4. DATE OF DEATH: (Month) Mar. (Day) 23 (Year) 63

5. SEX: Male.

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Married

8. DATE OF BIRTH: Aug 1 1868

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter-Roofer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Wilson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mrs Mary Ida Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 : 1

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular disease. — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 23 63 1:30 P.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. McCormick M.D. Balto. Co. Dundalk 22 Md 3/26/63

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/26/63

NAME OF CEMETERY OR CREMATORY Maple Heart

LOCATION (City, town, or county) (State) Dundalk Md.

DATE REC'D BY LOCAL REGR. 3/26/63

REGISTRAR'S SIGNATURE Edith Harley

24. FUNERAL DIRECTOR ADDRESS

Upton Funeral Home 7 E. Eastern Ave. Balto. 21, Md.

RECEIVED
APR 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

U. 21

Reg. Dist. No. 3 d

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; MARYLAND; LENGTH OF STAY (in this place) 50 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS — residence

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) Pershin Ave.

3. NAME OF DECEASED (Type or Print): (First) EDNA (Middle) BYRD (Last) WINTERSON

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 29 1876

9. AGE last birthday: 76 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Hyde

14. MOTHER'S MAIDEN NAME: Margaret Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Ethel Watkins, Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Atelectasis of most of right lung	11 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchiectasis both lungs extensive	25 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): Catonsville, Baltimore, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from —, 1930., to March 28 1953., that I last saw the deceased alive on March 27, 1953, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Louis P. Hyde M.D. ADDRESS: Relay, Md. DATE SIGNED: March 28, 1953

23. BURIAL, CREMATION REMOVAL (Specify): burial; DATE: 3 - 30 - 53; NAME OF CEMETERY OR CREMATORY: Lorraine; LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 3/30/53; REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. ADDRESS: 1900 Eutaw Place Baltimore, Md.

JOM B Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5711 First Ave.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walthorpe

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walthorpe
STREET ADDRESS (If rural, give location) 5711 First Ave.

3. NAME OF DECEASED (Type or Print) (First) TINA (Middle) [illegible] (Last) WAGNER

4. DATE OF DEATH (Month) Mar. (Day) 7, (Year) 1933

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Aug. 30, 1864 | 9. AGE last birthday 88 yrs. | If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Berlin, Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ferdinand Wagner

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS [illegible] 5711 1st Ave. Walthorpe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) 2. Metastatic Carcinoma — 1 mo.
(c) Chronic myocarditis — 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1933, to Mar 7, 1933, that I last saw the deceased alive on Mar 7, 1933, and that death occurred at 10 20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. W. Gilpin Thomas M.D. 5711 Main St Walthorpe Md 3-10-33

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 3/11/33 | NAME OF CEMETERY OR CREMATORY Loudon Pk. Cem. | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/10/33 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CLAYTON	AMMOND	YARGER	March	24	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	5/23/1912	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic for Bransfield Motors		Penna.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	214-22-2906	Mary E.Yarger, Finksburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Crushing injury of abdomen and chest	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ~~CAUSE OF~~ DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	highway	Westminster Pike, 2½ miles west of Reisters-	town	

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work	Not while at work	HOW DID INJURY OCCUR?
March 24, 1953 12:15 A.m.	X	☐	Run over by tow truck

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
R S Fisher	Chief Medical Examiner-700 Fleet St.-Balto. 2, Md.	3/24/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 26, 1953	Sandymount Cem.	Carroll County

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3-25-53	Mary B. Eline.	J.F.Eline & Sons, Reisterstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]21

CERTIFICATE OF DEATH

(3c) Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 173 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1607 Waverly Way

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) R (Last) YENDALL

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-11-93

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Steam Fitter

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): Pittston, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jefferson Yendall

14. MOTHER'S MAIDEN NAME: Mary Stocker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW-1

16. SOCIAL SECURITY No.: 160-14-0614

17. INFORMANT & ADDRESS: Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

18/X

Immediate cause (a) CARCINOMA OF BLADDER

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death: 7 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/7/51, 9/12/46

19b. MAJOR FINDINGS OF OPERATION: Left nephrectomy
Partial cystectomy and left ureteral neostomy.

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 14, 19 52, to March 6, 19 53 [illegible] and that death occurred at 3:55 P.M., from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift
(Degree or title): M.D.
ADDRESS: VAH, Fort Howard, Md.
DATE SIGNED: 3/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3-10-53
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 3/9/53
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home, 6009 Harford Rd. Baltimore, Md.
Mildred I. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]25

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23
STREET ADDRESS (If rural, give location) 2545 Fairmount Ave.

3. NAME OF DECEASED: (First) Martin (Middle) (Last) Youskauskas
4. DATE OF DEATH: (Month) 3- (Day) 19 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Nov 11, 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY? Lithuania

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk.
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic pneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardiac Failure	over 5 days
	DUE TO (c) Arteriosclerotic heart dis.-Generalized arter.	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Benign hypertrophy of Prostate Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-11, 1953, to 3-19, 1953, that I last saw the deceased alive on 3-19, 1953, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Louis F. Woodward M.D. Spring Grove Stat Hosp. Cat 2 F MD 3-19-53

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL
DATE THEREOF 3/23/53
NAME OF CEMETERY OR CREMATORY: MOST HOLY REDEEMER CEMETERY BELAIR RD.
LOCATION (City, town, or county) (State): MD.

DATE REC'D BY LOCAL REG. 3/23/53
REGISTRAR'S SIGNATURE A W Kidwell
24. FUNERAL DIRECTOR ADDRESS: CHAS. W. KACHAUSKAS 723 McHENRY ST.

Ziegler 7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02726

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 624 N. Monroe St.

3. NAME OF DECEASED: (First) EDITH (Middle) (Last) ZIEGLER
4. DATE OF DEATH: (Month) Mar. (Day) 13 (Year) 19 53
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Sept. 11, 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George R. Burnett
14. MOTHER'S MAIDEN NAME: Helen V. Dell
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): - (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Wm. T. Burnett - 4218 Wickford Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 337X (a) Cerebral Thrombosis — Interval Between Onset And Death: 48 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerosis, generalized — Unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Syndrome, arthritis, severe — Unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-11, 1953, to 3-13, 1953, that I last saw the deceased alive on 3-12, 1953, and that death occurred at 11 55 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Stephen Lee Magness M.D. ADDRESS: Catonsville 28 Md DATE SIGNED: 3-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/16/53
NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
LOCATION (City, town, or county) (State): Balto., Md.
DATE REC'D BY LOCAL REGISTRAR: 3/16/53
REGISTRAR'S SIGNATURE: J. W. Redmond
24. FUNERAL DIRECTOR: Wm. J. Tubener & Sons ADDRESS: Balto 17, Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

02727

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON — LENGTH OF STAY (in this place) 38 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 Washington Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. — COUNTY BALT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural, give location) 200 WASHINGTON AVE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HELENA	LOUISE	ZINKHAN	MAR	14	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	WID.	MAY 15, 1894	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LAUNDRESS	State Teachers College	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Pitts	Margaret A. Amrein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No None	None	Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Donald L. Somerville, M.D.	25 W. Pa. Ave, Towson 4, Md.	3/15/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 18 1953	Jacksonville Memorial Cem.	Jacksonville, Balto. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 16, 1953	Mabel C. Gray	John Burns' Sons, Towson, Md.	

RECEIVED
MAR 19 1953
BUREAU V. S.